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UNIVERSITY OF CAPE TOWN

DEPARTMENT OF SOCIAL DEVELOPMENT

**A DESCRIPTIVE STUDY OF THE NATURE OF MOTHERS'
INVOLVEMENT IN A PARENT-INFANT HOME VISITING
PROGRAMME**

A minor dissertation submitted in partial fulfilment of the requirements for the
award of the degree of Masters of Social Science in Social Development.

By

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2012

Supervisor: Ronald Addinall

This work has not been previously submitted in whole or in part for the award of any degree. It is my own work. Each significant contribution to, and quotation in this dissertation from the work or works of other people has been attributed and has been cited and referenced.

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ABSTRACT

In this qualitative study mothers' perceptions of their experience of a local parent-infant home visiting programme were described. Research has shown positive results for home visiting programmes which are being implemented increasingly throughout the world. International and local research on home visiting programmes, psychodynamic theory including attachment theory, and systems theory underpin this research. A case study method was utilised and seventeen mothers as recipients of a home visiting programme were selected using non-probability purposive sampling. The respondents were interviewed by the researcher using semi-structured face-to-face interviews. For the purposes of assembling this case study, the evidence collected in the interviews with the mothers was linked to the related theory presented in the literature review. Findings illustrated that the mothers were motivated to join the programme during their pregnancy because of a self-perceived need of assistance. Attrition rates on the programme were found to be low despite possible sampling bias. The mothers' participation in the programme was believed to be associated with their satisfaction with the programme which in turn was linked to their relationship with the home visitor. The mothers' relationship with the home visitor was shown to be the mechanism through which change in the mothers' lives took place. The programme was found to have a positive influence on the mothers' relationship with her infant and other family members and the mothers reported an improved sense of self. This home visiting programme was shown to be an effective means of accessing otherwise hard to reach families.

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CHAPTER ONE: INTRODUCTION TO THE STUDY

Successful parenting lays the foundation for the mental health of future generations. If the work of parenting is to be done well then the primary caregiver will need much in the way of assistance and this is particularly so amongst vulnerable families living in communities where social support structures are limited (Bowlby, 1988). The support that a parent receives may come from the other parent, a grandparent or in many societies, another experienced person such as a home visitor who is part of an appropriately designed home visiting programme.

Over the past thirty years mental health professionals have been considering different ways to support the family institution and home visiting programmes have been found to be one such option (Chandan & Richter, 2008). Such programmes are generally preventative and are designed to provide parents and their young children with support by means of a series of home visits implemented by a home visitor.

However, it is understood that home visiting 'is not a single or uniform intervention, it is a mechanism for the delivery of a variety of interventions directed at different outcomes' (Bull, McCormick, Swann, & Mulvihill, 2004:1) and programmes differ from each other. These interventions may include psychosocial support, counselling, parental training and education, parent-infant observation, infant stimulation, strengthening parental commitment to their children, promotion of the well being of parents and children, infant and maternal health surveillance and referral to social services (Park, 2003; Bull et al, 2004; Chandan & Richter, 2008). In addition, they are believed to facilitate early childhood development and competent parenting, and to reduce the risk of both child maltreatment and the development of later difficulties in children and adolescents (Gomby, 2007; Olds, Sadler & Kitzman, 2007).

1.1 The Rationale for the Study

The rationale for this study is discussed with reference to the current legislation in South Africa regarding the care of children, the significance of quality parenting in a child's early developmental years and the socio-economic and psychological challenges facing many

families, all of which illustrate that home visiting programmes have the potential to play an important psychological and social role in South Africa.

1.1.1 Child Care Legislation in South Africa

The South African Children's Act (2007) and the Child Justice Bill (2008) promise social justice for all children, in particular their rights to social services, to family and parental care or appropriate alternative care, and to protection from maltreatment, neglect and abuse (UNICEF, 2009).

As a result of this legislation, services which prevent child maltreatment are considered a priority in our democratic and human rights based policy in South Africa. In the past, protection services for children existed mainly at the tertiary level where children were removed from unsafe environments. However, the policy of the post-Apartheid government endeavours to improve primary preventative and secondary health services by focusing on risk factors and the prevention of the development of future problems (Makoe, Warria, Bower, Ward, Loffell & Dawes, 2009).

1.1.2 The Significance of Parenting during the early Developmental Years.

The early years of a child's life are critical in terms of his or her development. Parents and primary caregivers play a definitive role in a child's growth of self, self-esteem and socio-emotional competence, as well as in their development of resilience (Spitz, 1965; Bowlby, 1960, 1973, 1988; Fraiberg, 1980; Stern, 1985). Functional families have adequate psychological, social and financial resources to protect their young from adversity and the motivation to provide favourable experiences for their children's growth and ongoing development (Chandan & Richter, 2008).

Families who have benefited from home visiting programmes exhibit more nurturing parenting styles and express more affection and sensitive responsiveness to their infants and children (Ammaniti, Speranza, Tambelli, Muscetta, Lucarelli, Vismara, Odorisio & Cimino, 2006; Cooper, Tomlinson, Swartz, Landman, Molteno, Stein, McPherson & Murray, 2009).

Sensitive carer-infant relationships lead to secure attachments in infants which in turn are known to be predictors of favourable child development (De Wolff & van Ijzendoorn, 1997).

1.1.3 The Socio-Economic and Psychological Challenges facing Families in South Africa

‘Regardless of composition, structure, socio-economic status or cultural context, the well-being of children is inextricably linked with the well-being of families’ (Chandan & Richter, 2008:8). The family, however, is impacted by the socio-economic and political system in which it exists. It is well established that multiple socio-economic and psychological challenges burden parents, rendering them less able to provide for the child, whose social, emotional, physical or cognitive development is likely to become compromised as a result (Bamfield, 2011).

Gaps in school readiness between privileged children and their less privileged peers remain a worldwide problem. Many economists, educationists, policy makers and philanthropists believe that the widespread introduction of early childhood programmes including home visiting, to be an efficient and effective means of addressing these issues (Azzi-Lessing, 2011; Bamfield, 2011).

Many South African families are confronted with multiple challenges, some of which also constitute risk factors for child maltreatment. These risk factors include adolescent pregnancies, substance abuse, poverty, gender inequalities, inadequate housing arrangements, child-headed households, crime and weak social cohesion (Makoae et al, 2009). It has aptly been pointed out that:

‘Poverty, patriarchy and gender violence, as well as the socialised obedience, dependency and silence of women and children, create conditions in which abuse can occur, often with few consequences. South Africa has extremely high rates of both physical and sexual abuse of children’ (Richter & Dawes, 2008:1)

In addition, the long term consequences for survivors of child maltreatment include mental health problems which may persist into adulthood (Gilbert, Spatz, Widom, Browne, Fergusson, Webb & Jansons, 2009). This leads to the societal and financial costs being great in terms of both direct services which respond to the abuse, and indirect services which are later required to deal with the consequences of the abuse (American Academy of Experts in

Traumatic Stress, 2011). The high rates of child maltreatment in South Africa call for the nationwide implementation of effective prevention programmes.

Other threats to healthy child development both in South Africa and worldwide, include parental mental illness, HIV/AIDS and exposure to violence. It has also been asserted that peri-natal psychopathology is a common and often under-diagnosed problem, which holds negative consequences for both mother and infant (Muzik & Hamilton 2012). In industrialized countries, post natal depression (PND) in mothers is found to range between 13 and 20%, and in developing countries it is found to be higher (Cooper, Tomlinson, Swartz, Woolgar, Murray & Molteno, 1999; Austin & Priest, 2005). PND may also become chronic and remain from one pregnancy to the next and infants of depressed mothers are more likely to develop insecure attachments.

In South Africa, the number of children who have lost one or both parents was calculated to be 3.8 million in 2006, about half of these estimated to be due to AIDS (UNICEF, 2009). The bi-directional relationship between HIV/AIDS and poverty erodes the fabric of the family and surviving children are left very vulnerable (Gillespie, Kadiyala & Greener, 2007). Although some families demonstrate resilience and resourcefulness, many are left overwhelmed by the numerous challenges they face and could benefit from appropriate intervention which would ameliorate the negative effects of these challenges (Chandan & Richter, 2008).

An intervention which incorporates the criteria of the revised legislation regarding SA children, the significance of the quality of parental interaction with the child, the effect of a child's early years on his/her later development, the socio-economic and psychological challenges facing many South African families and has home visiting as an integral part of its prevention strategy, holds the potential of being extremely worthwhile. The Parent Infant Home Visiting Programme (PIHVP) is a local example of an intervention which is designed in a manner which is consistent with these criteria.

1.2 The Problem Formulation

The aim of the study is to increase our understanding of the motivation and experiences of the parents who participate in these potentially beneficial home visiting programmes and to determine the impact one such programme has on families within the local context. A paucity of research and knowledge was identified regarding the experience of the mothers of the PIHVP in the Hangberg community, with particular emphasis on the mothers' motivations for joining the programme, their perceptions of their involvement in the programme and the programme's influence on their ability and their family's ability to adapt more effectively to the new roles which emerge in the parenting context of the neonate.

It has been pointed out that as home visiting programmes vary greatly in the services they offer, potentially leading to both positive and negative outcomes for families, programme facilitators need to monitor the impact of their programmes through research and to integrate the recommended changes to maximize benefits for both parents and children (Park, 2003; Gomby, 2007). While it incorporates elements from both the local context and the international field of home visiting, this study also aims to address identified gaps in the literature of international researchers (Gomby, 2007; Korfmacher, Green, Staerckel, Petersen, Cook, Roggman, Faldowski & Schiffman, 2008; Azzi-Lessing, 2011).

Taking into consideration the importance of the parent-infant relationship and its consequences for later development, the researcher, presently employed part-time as a social worker at the Parent Centre and member of a parent-infant counsellors' group, identified the need to research the question:

What are the perceptions of the mothers of the Hangberg community regarding their involvement in the Parent Infant Home Visiting Programme of the Parent Centre?

1.3 The Background to the Study

1.3.1 The Community of Hangberg

Hangberg is a residential area on the outskirts of the suburb of Hout Bay, which lies approximately 20 km south of Cape Town CBD. The Hangberg community emerged in the 1950's when government housing was built in the vicinity of the harbour to accommodate labourers working in the fishing industry. In the 1960's, the community expanded as coloured people were forced to leave other areas and relocate to Hangberg under the Group Areas Act of Apartheid (Moore, 2011).

A severe housing shortage developed over the next three decades. In the 1970's, the city council built blocks of flats in an attempt to house the ever growing number of residents. However, residents began inhabiting backyards and unoccupied council property, which resulted in the informal settlement that is part of Hangberg today. The last housing development was constructed in 1992, despite an ongoing expansion of the settlement. Over time, the lack of housing and land led to residents constructing dwellings beyond the firebreak on the mountain above the community, resulting in an altercation between government and community members in September 2010. Now, 'dilapidated houses, overcrowded council flats and backyard dwellers share their legroom with one another, causing a myriad of social problems' (Moore, 2011:1).

Research on the PIHVP has been conducted in various communities in the wider Cape Town area. However, Cape Town is known for its diversity and the researcher assumes that new information will be gleaned from the mothers of the Hangberg community. Consumer reports of programmes need to be considered especially in the light of diverse ethnic backgrounds, values and religions (Park, 2003). This information is likely to hold relevance for other local, national and international communities.

1.3.2 The Parent Infant Home Visiting Programme of the Parent Centre, Cape Town

The Parent Centre is a non-governmental organisation which provides a range of voluntary educational and support services to parents living in the wider Cape Town area. In 1993, it instituted a primary preventative home visiting programme based on Healthy Families America (HFA) in the United States of America (USA). The preventative programme in South Africa targeted at risk parents and infants in the socio-economically compromised area of Hanover Park, a community characterized by its high level of violent crime and child maltreatment (Barries, 2009).

Today the programme is called The Parent Infant Home Visiting Programme and to date is run in eleven communities in the greater Cape Town area, namely Bonteheuwel, Gugulethu, Hanover Park, Heideveld, Hangberg, Imizamo Yethu, Khayelitsha, Mitchells Plein, Nyanga, Phillippi and Retreat. The programme offers a voluntary service of pre- and post-natal home visits to parents or primary caregivers of infants who are found to be at risk for child neglect and abuse. The community programme aims to provide ‘mothers with emotional support and information’, and develop their parenting skills, especially their capacity for ‘sensitive responsive interaction with their infants’ and is guided by attachment theory (Barries, 2009:1).

A study conducted in Khayelitsha, an informal settlement of Cape Town, found the PIHVP to be associated with a significantly more sensitive interaction of mothers with their infants and a higher rate of secure infant attachment (Cooper et al, 2009). This research also indicated that the PIHVP significantly reduced symptoms of maternal depression in mothers.

An external evaluation of the PIHVP was conducted in Hanover Park in which mothers and community workers were interviewed (Resource Access, 2006). The evaluation established that community workers had succeeded in establishing a high level of trust with programme participants, helped mothers become more confident and independent, promoted positive and nurturing mother-infant relationships and improved relationships with other family members.

Furthermore, the training and supervision of the home visitors of the PIHVP was evaluated in another study (Pocock, 2009) which ascertained that the home visitors felt adequately

prepared for the work that they do. This study also determined that home visitors applied their knowledge and training during visits.

A study of the PIHVP in Khayelitsha reported the intervention as being valuable, meaningful and transformative. Growth and change was found to occur in the relationship between home visitors, mothers and their infants (Landman, 2009).

Home-based parent-infant prevention work is an emerging field in South Africa and has the potential for utilization in many different communities in this country, however, we need to continuously develop our local knowledge base through ongoing research. By exploring parents' perceptions of the PIHVP the researcher intends to consolidate and expand on the relatively limited research of home visiting programmes in South Africa, as compared to other countries such as the USA as well as the United Kingdom (UK).

1.3.3 The International Research Context

In the USA in the 1980's, home visiting received much attention after the success of David Olds' nurse home visiting programme which targeted mostly low income teenage mothers during their pregnancy and for the first two years of the child's life (Olds, Henderson, Kitzman, Eckenrode, Cole & Tatelbaum, 1998). The programme has been subjected to research in at least three different communities in the USA, that is, amongst low income white, African American and Latino families. In one of these studies, a follow up fifteen years later showed that the mothers as recipients of the intervention had 46% less verified incidents of child abuse and neglect. Children born to these mothers also had 56% fewer arrests by the time they were fifteen years. The mothers themselves had 69% fewer arrests, 20% fewer subsequent births and an average spacing of 28 months between first and second children. The families were also shown to experience greater informal support and reduced poverty (Olds, Kitzman, Cole & Robinson, 1997; Olds et al, 1998).

Hawaii's Healthy Start programme provides further encouraging evidence of this type of intervention which uses paraprofessionals and targets families at risk for child abuse and neglect. In a study of the programme, none of the recipient families had substantiated cases

of physical abuse and only 4 cases of child neglect were documented of the 1 693 families seen over a three year period (Park, 2003).

Favourable results shown in the studies of the Nurse Family Partnership programme contributed towards the passing of a federal healthcare reform bill in 2010 which allocated considerable funding towards home visiting (Olds et al, 1997; Olds et al, 1998; Azzi-Lessing, 2011).

1.3.4 The Debates within the Literature

There is much debate in the literature as to whether home visiting programmes should be universal or targeted. Universal programmes are directed at the entire population, whereas targeted programmes aim to reach certain high risk groups. Skocpol (1995) believes universal programmes are more likely to facilitate greater social integration and government support. However, targeted programmes are more likely to be geared towards the personal concerns of the client. A parent's personal concerns generate their motivation to join and participate in a home visiting programme. Therefore, whether or not a parent's concerns are being met, will influence their participation and involvement in a programme. In their review, Holzer, Higgins, Bromfield, Richardson & Higgins (2006), found that programmes which targeted families at risk for child maltreatment *and* families who were socio-economically disadvantaged were more likely to show positive results.

It has also been shown that parent-infant programmes frequently target the mother as the parent to the exclusion of the father. Other family members may also need to be considered for inclusion in programmes (Park, 2003) and the impact on siblings should be evaluated (Azzi-Lessing, 2011).

Another ongoing debate in the literature revolves around whether or not home visitors should be required to have a tertiary qualification or whether personal skills and experience are equally important (Ammaniti et al, 2006; Azzi-Lessing, 2011). Park (2003) maintains that in the USA, when paraprofessionals work as home visitors in conjunction with health professionals then home visiting is seen as a link between families and the public health care system.

Whether programmes are universal or targeted and regardless of the training of home visitors, interventionists need to become familiar with the process that brings about a change in parenting. Makoa et al (2009) emphasize the association between poor parenting skills and child maltreatment. The authors state that a change in the relationship between parent and child is brought about by understanding men and women's perceptions of parenting.

Kazdin (2007) identifies several important reasons for understanding moderators, that is those factors on which the success of an intervention depends and mechanisms of change, that is the processes responsible for change. Firstly, a profusion of different types of therapeutic interventions exist. Identifying mechanisms of change will bring coherence to this list of therapeutic interventions. Secondly, interventions may have broad effects and identifying the mechanisms of change involved will explain the relationship between interventions and outcomes. Thirdly, by understanding these mechanisms we will be able to work in a more informed way. Fourthly, understanding how an intervention works increases our understanding of the moderators of that intervention. Lastly, a deeper understanding builds a more direct connection between research and practice which will allow us to apply research results and put them into practice.

In addition, past research has largely focused on outcomes for families with much debate around the reported benefit for families and children. Researchers such as Azzi-Lessing (2011) advocate that sufficient attention be given to the importance of context in influencing programme outcomes and the influence of the intervention on the mother-infant dyad. However, other studies (Korfmacher et al, 2008) have resulted in recommendations being made for further explorations to focus on factors which influence parental involvement in these programmes.

Parental involvement is described by Korfmacher et al (2008:1) as the parent connecting with and benefiting from the services of the programme. It is seen to consist of two facets. The first is 'participation, or the quantity of intervention a family receives', and the second is 'engagement, or the emotional quality of the family's interaction with the program'. Within the group of those parents who engage in the programme are a wide range of personal experiences which have received little attention in the programme evaluation research.

Holzer et al (2006) highlight the fact that programme evaluations have been plagued by high levels of attrition (that is, dropping out of the programme) and believe that this is indicative of actual programme attrition in delivery of the intervention. They believe that the parents who struggle the most to stay on a programme are invariably those who need it most. The authors suggest that not only is it important for programme managers to research how effective their programme is in achieving outcomes, but also how effective their programme is in engaging the involvement of those who need it most.

A literature review of home visiting programmes shows that debates centre around the pros and cons of targeted versus universal programmes, the skills, experience and training requirements for the home visitors, the importance of the community context, as well as the influence of these programmes on the mother-infant dyad and other family members. Parental involvement and the related problem of programme attrition are considered important aspects of home visiting programmes.

Evaluations have illustrated positive outcomes for home visiting programmes. For decades, home visiting research has been conducted in the USA, and there is a relative lack of local research. Comparisons between programmes are difficult because of the structural differences between programmes, but there is evidence in favour of research on the same programme within a different community context.

1.4 The Purpose of the Study

The purpose of the research is to conduct a qualitative study of the experiences of mothers as recipients of a parent-infant home visiting programme in the Hangberg community. The study aims to consolidate and expand on existing local and international research on parent-infant home visiting programmes. This research is grounded in Psychodynamic theory, Attachment theory and Systems theory. The findings are to be linked to existing local and international research, conclusions will be reached and recommendations made to the relevant agencies.

1.5 The Research Questions

- What are the mothers' motivations to join a home visiting programme?
- What is the nature of the mothers' perceptions of their involvement in a home visiting programme?
- What influence does a home visiting programme have on the mothers' relationship with family members?
- What influence does a home visiting programme have on the mothers' relationship with their infants?
- What influence does a home visiting programme have on the mothers' sense of self?

1.6 The Research Objectives

- To ascertain the mothers' motivations to join a home visiting programme.
- To establish the nature of the mothers' perceptions of their involvement in a home visiting programme.
- To ascertain the influence of a home visiting programme on the mothers' relationship with family members.
- To establish the influence of a home visiting programme on the mothers' relationship with their infants.
- To ascertain the influence of a home visiting programme on the mothers' sense of self.

1.7 Concept Clarification

involvement The parent joining and benefiting from the services of the programme. This has two aspects. The first is 'participation, or the quantity of intervention a family receives', and the second is 'engagement, or the emotional quality of the family's interaction with the program' (Korfmacher et al, 2008:1).

mother	‘A woman in relation to a child or children to whom she has given birth’ (The Concise Oxford Dictionary, 1990).
nature	‘The essential qualities of a thing’ (The Shorter Oxford Dictionary, 1973).
parent-infant home visiting programme	A programme whereby parents receive pre- and post-natal visits by a trained home visitor on a regular basis and in their home.
perception	<p>‘The faculty of perceiving’.</p> <p>‘To perceive:</p> <ol style="list-style-type: none"> 1. apprehend especially through the sights; observe. 2. apprehend with the mind; understand. 3. regard mentally in a specified manner’ <p>(The Concise Oxford Dictionary, 1990).</p>

1.8 Research Methodology

This research followed a qualitative paradigm. Qualitative research involves a study of people in their natural setting (Gray, 2004). It also involves researching a programme from the perspective of the participants (De Vos, 2002).

A descriptive methodology was also utilized in this study. Descriptive research attempts to identify relationships between phenomena, situations and events (Rubin & Babbie, 2008). The research investigated the mothers’ process of involvement in a home visiting programme and asked related questions. Descriptive research is well suited to developing an understanding of clients’ perceptions of the services they receive and this may be achieved through the use of face-to-face interviews (Tripodi & Bender, 2010).

1.8.1 Research Design

A case study design was selected for this research as the main goal was that of description, in this instance, description of the process of the mothers' involvement in the PIHVP, as well as the perceived impact of the programme on her relationships within the family (Gray, 2004). Furthermore, a case study is a means of identifying problems in the implementation of a programme which is important information for managers of programmes and may have implications for a programme's functioning within a specific community (Rubin & Babbie, 2011).

1.8.2 Sampling Methodology

A population is comprised of a definable group of people or items with the attributes under study (Arkava & Lane, 1983). The population in this study consists of mothers as past or present recipients of the PIHVP in the Hangberg community. Akava and Lane (1983) define a sample as those members of the population who are selected for inclusion in the study. The researcher selected 17 mothers based on their recent or current participation in the PIHVP and used their personal accounts as research material for this study.

Non-probability purposive sampling was utilised in this research which according to researchers (Gilbert, 1993; De Vos, 2002; Gray, 2004) is frequently used in qualitative research. Respondents were identified by means of their file notes as having specific characteristics which were pertinent to the study and lay within the parameters of the research and on these grounds were purposely included in the sample.

1.8.3 Data Collection Strategy

The researcher conducted a pilot study with two respondents prior to data collection to test the interview schedule and make the required amendments. Semi-structured face-to-face interviews were utilised as a means of data collection. Interviews were recorded after gaining consent.

1.8.4 Data Analysis Strategy

Tesch's method of data analysis was utilised in this study. The recorded interviews were transcribed using Tesch's process of coding and sub coding (De Vos, 2002). Data was grouped according to themes which were determined prior to data collection.

1.9 Reflexivity

The researcher, a sessional counsellor at the Parent Centre, believes that fathers need to play an active role in parenting and that parenting is sometimes erroneously considered a phenomena that is completely natural to women, regardless of whether the women themselves have had a positive and meaningful experience of being mothered or fathered. Furthermore, she believes that much can be done to prevent and alleviate social problems in South Africa by supporting, educating and counselling families with infants and small children. The researcher believes in the potential value of parent-infant home visiting programmes but is cognisant of the fact that the effectiveness of these interventions is dependent on the delivery of the service. It is with these thoughts in mind that she embarked on this study.

The researcher had to be aware of her personal biases in the collection and analysis of data obtained from the respondents. As a social worker the researcher was aware of her own subjectivity and aimed to work with the data in as neutral a manner as possible.

1.10 Outline of the Chapters

This dissertation is organised as follows:

- **Chapter One: Introduction to the Study.**

This chapter provides the rationale for the study, the problem formulation, the background, the purpose of the study and the research questions and objectives. This is followed by a clarification of key concepts and an overview

of the research methodology and design. The chapter is concluded with a section on reflexivity.

- **Chapter Two: Literature Review**

In this chapter a comprehensive review of the local and international literature on home visiting programmes is presented. Thereafter, the programme which this study focuses on, the Parent Infant Home Visiting Programme and the Hangberg Community are discussed. This is followed by a presentation of the Psychodynamic theory, Attachment theory and the Systems theory which underpin this study.

- **Chapter Three: Research Methodology and Design**

In this chapter, the research methodology and design are described in full. Details of sampling, data collection and data analysis are elaborated upon. The chapter is concluded with an identification of the limitations of the study and the issue of data verification.

- **Chapter Four: A Presentation and Discussion of the Findings**

This chapter begins with a presentation of the demographics of the participants. This is followed by a framework of analysis which delineates the themes and categories elicited by the data analysis. Thereafter the findings are presented according to the different themes utilised in the study.

- **Chapter Five: Conclusions and Recommendations**

In this chapter the conclusions are presented according to the five different themes of the study. Thereafter recommendations are made to social workers, to educators, for further research, to the Parent Infant Home Visiting Programme and to government.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter a comprehensive review of the literature on home visiting programmes is presented with a focus on their strengths and limitations. The aspect of parental involvement in these programmes and the crucial role this plays in the successful implementation of the intervention is discussed. This is followed by an overview of a specific programme which is included in this study, the Parent Infant Home Visiting Programme of the Parent Centre, Cape Town, and its relevance to the international and local research on home visiting programmes. Thereafter the geographical context for this research, the Hangberg community, is described in relation to the existing literature on interventions in vulnerable communities.

A Psychodynamic perspective is expanded upon as the theoretical framework which underpins this study. Parenting is considered from the perspective of the individual by focusing on the important attachment bond that develops between mother and infant. In addition, a Systems perspective is presented to situate the research of this study within a family perspective whereby the family is understood as a system which lies within a system.

2.2 The Background to the Study

Home visiting programmes as intervention strategies are based on the premise that the early years of a child's life are pivotal to their psychological, cognitive and social development and that the parents play a crucial role during this period (Chandan & Richter, 2008). They are currently implemented in many countries around the world, and research was found to emanate mostly from the USA (Barlow, 2006) and to a less extent the UK (Bull, 2004; Barlow, 2006), Europe (Ammaniti et al, 2006), Australia (Holzer et al, 2006) and New Zealand (Wouldes, Merry & Guy, 2011).

Home visiting programmes are commonly provided to families which have a new baby, are at risk of abuse or to parents and children with more specific problems (Bull et al, 2004). According to Bamfield (2011:4), interventions for disadvantaged families, including home visiting programmes may be categorised as those which:

- (i) *Strengthen* the parent-child relationship and improve interactions within the home. An example of this would be a home visiting programme which encourages parent-infant health and focuses on parent-infant attachment, such as the PIHVP.
- (ii) *Supplement* developmental opportunities provided in the home and family. The supportive and educative content of the PIHVP would fall into this category.
- (iii) *Replace* the parent-child relationship. In these instances children are removed from unhealthy situations and provided with either temporary or permanent alternative care.
- (iv) *Prevent* the development of future problems by focusing on family relationships and issues such as fertility, contraception and pregnancy. The PIHVP also falls into this category.

In addition, home visiting may vary as to the commencement, duration and frequency of the home visits. These programmes are usually implemented by social workers, lay people, paraprofessionals or other professionals such as teachers, nurses, midwives, or a combination of both professionals and paraprofessionals (Bull et al, 2004; Chandan & Richter, 2008). It is believed (Korfmacher et al, 2008) that the person who delivers the intervention has a major influence on the quality of the service and there is much debate in the literature as to who is best equipped to fill this role.

In the UK, pregnant women are visited by midwives before and after the birth of their infant. The effectiveness of home visiting programmes is constantly being reviewed by the government. Home visiting is considered an important means of combating 'health inequalities from an intergenerational perspective' as unresolved family problems have a tendency to be repeated in successive generations (Bull et al, 2004:1; Bamfield, 2011).

The literature illustrates that past research has focused on the different characteristics of effective parenting programmes. Lundahl, Nimer and Parsons (2006) evaluated worldwide parent training programmes designed to reduce the risk of child abuse. They found that the more effective programmes involved home visiting, held training in both the home and the office context and included a behavioural treatment.

2.3 The Strengths and Limitations of Home Visiting Programmes

Several trials in the last decade have shown that home visiting programmes which are thoughtfully designed and focus on parents' care of the infant and young child will have important effects on the child's later adaptation to life. Sensitive and responsive early care of the infant has been consistently associated with secure attachment behaviours and favourable intellectual, behavioural and emotional development of the child (Olds et al, 2007).

However, Olds et al (2007) warn that while it is important to focus on the benefits of sensitive changes in maternal care, we need to remember that socio-political factors, contextual factors, parents' earlier experiences, their current behavioral dispositions, and genetic makeup can *also* have a profound effect on the care they provide for their children.

2.3.1 Social Support

An important goal of home visiting programmes is to encourage families to join informal social support networks such as neighbourhood organizations and religious communities (Park, 2003). One of main reasons for this is that social isolation is associated with child maltreatment (Harrington & Dubowitz, 1999) and supportive relationships can reduce this risk especially during stressful times. It is therefore important that the mothers who join home visiting programmes feel supported. However, families should not be encouraged to rely on the home visitors as their sole means of support as programmes may experience staff turnover and visitors may become ill or go on leave (Park, 2003).

2.3.2 The Influence on Family Members

One of the additional benefits of home visiting programmes is that they have a positive influence on the mothers' relationships with other family members as well as their infants. In the Resource Access (2006) study of the PIHVP, mothers described how their family relationships improved during the course of the programme as they learned constructive ways of communicating and lessening stress. The study also found the programme to have a positive influence on the mothers' relationship with other children in the family. The mothers

found the programme information about how to deal with the new baby together with other children particularly useful. Landman (2009) found that mothers learnt different ways of talking to children through the modelling of the counsellors' behaviour and through discussions with her. The mothers also became more aware of their own feelings and how these affected their attitude and behaviour towards siblings.

However, home visiting programmes do not always include all family members. Some home visiting programmes are not designed to include fathers because many mothers are single. Fathers, of course, play a pivotal role in parenting but their commitment may be subtly undermined by home visitors who do not hold them accountable. Programme managers need to be aware of the important role of fathers (Park, 2003) and 'develop strategies to engage fathers, where appropriate' (Azzi-Lessing, 2011:6). In the Landman (2009) study of the PIHVP, fathers who participated in the programme developed an awareness of the important role they had to play, were more involved and supportive and the intervention was believed to have benefited the parental couple. However, in practice it is difficult to always include fathers as the mothers' need for a private and personal time plays an important part in building the relationship with the home visitor and including other family members may be in conflict with this need.

It is also important to bear in mind that home visiting programmes are implemented in the family home and most often the mother is the primary recipient of the intervention. Therefore, the mother is the 'gatekeeper' and a component of the success of the intervention depends on her. The other components are the home visitor and the curriculum of the programme (Korfmacher et al, 2008:3).

Grandparents and other relatives also play a role in the family and the programme needs to acknowledge this especially as family members may have competing needs. Adolescent mothers frequently still live in their parents' home. Families need to be seen as a 'complex network of relationships' (Park, 2003:4).

2.3.3 The Home Visitor

Olds et al (1997) point out how strong alliances between the primary caregiver and the home visitor are the mechanisms of change with regards to parenting. A strong alliance is fostered by the home visitor's use of empathy, acceptance and trust, encouraging the parents to believe in themselves and by a conscious effort on the part of the home visitor to reduce the power differential between herself and the parents. This helping relationship is seen as a strong predictor of positive outcomes for programmes (Kormacher, Green, Spellman & Thornburg, 2007).

The mothers' acceptance of the home visitor is further facilitated by the familiarity of the home visitor. Jack, Di Censo and Lohfield (2002) emphasized the importance of home visitors sharing personal information and having a similar background to the parents in the development of the helping relationship. A common background is seen as a way of gaining 'emotional entry' to the mothers (Jack et al, 2002:65). Park (2003) highlights the fact that many programmes recruit home visitors from the community they serve and thus support the infrastructure of that community, making them an important part of primary healthcare (Swartz & Gibson, 2001). These visitors are then aware of the community resources available to local families and are able to link families to informal community networks. This idea is supported by the Resource Access (2006) study which found that the home visitors recruited from the community in which they worked were faced with less class and cultural difficulties than an educated professional from another area might be faced with.

However, Duggan, Fuddy, Burrell, Higman, McFarlane, Windham and Sia (2004a) and Duggan, McFarlane, Fuddy, Burrell, Higman, Windham and Sia (2004b) raise the concern that home visitors are not always willing or able to identify and respond to maternal depression, domestic violence and substance abuse. This has serious implications for the implementation of an intervention as the programme objectives need to address the behaviours that the programme aims to change. Subsequent research results regarding this issue have been mixed, but what is apparent is that home visiting provides the perfect opportunity for these issues to be addressed as mothers with problems of depression, family violence and substance abuse often do not seek help of their own accord.

2.3.4 Evaluation of Home Visiting Programmes

Establishing the value of home visiting programmes from a scientific perspective has been challenging due to the dissimilarity of the programmes, the extensive description of desired change, the many facets within a programme and the difficulty in attributing a direct relationship between treatment and change. Proof of success has been taken from different interventions in different cultural and mental health contexts, often without replicating research on the same programme (Bull et al, 2004).

A limitation of many programmes is their failure to ask parents to evaluate the service they have received. Researchers, medical professionals and community health workers normally evaluate intervention programmes. However, beneficiaries need to be included in evaluations as this will contribute to an understanding of the problems encountered during programme implementation (Park, 2003).

Korfmacher et al (2008) highlight the reality that programme evaluations frequently focus on outcomes and pay little attention to the process involved in reaching those outcomes. By exploring parental involvement we can gather process information as to what the intervention means for the mother and her relationship with other family members and how programme outcomes can be reached, which will ultimately improve a programme's effectiveness.

2.4 Implementation of the Intervention

What emerges from the literature is that as much as the design of the programme is important, so is the way in which the intervention is delivered and received by the parents. Gomby (2007) believes that the effectiveness of a home visiting programme is dependent on the implementation of the service, that is, what happens in the home, the relationship between the home visitor and the family, and the topics they focus on during the visits. Olds et al (2007) add that the successful implementation of a programme is dependent on targeting the appropriate population, offering a service at the parent's most vulnerable time, and offering a service that is believed to meet the vulnerable need. Programmes that pivot around these criteria are more likely to engage parents, reduce undesirable behaviours and show better outcomes for the child.

Moreover, Olds et al (2007) point out that interventions such as parent-infant home visiting programmes should have a strategy for parental engagement in order to reach the targeted population. We have to ask ourselves why a parent would want to participate in a programme. These considerations lie within the parameters of this study and will be discussed in the following sections.

2.4.1 Motivation to join a Home Visiting Programme

Gomby (2007) maintains that parents may join a programme with a specific concern in mind, but home visiting programmes have their own broad goals. Consequently, if the home visiting programme does not meet the needs of the parent, then the chances for success are limited. The researcher noted an absence of literature which directly explored parents' or mothers' motivations for joining a home visiting programme.

However, one study (Resource Access, 2006) of the PIHVP, found that mothers expressed their need for advice, information and companionship. The mothers also perceived the programme to have helped reduce their level of fear through obtaining information.

Furthermore, Krysik, Le Croy and Ashford (2008) researched mothers' *responses* to being offered to join a home visiting programme. Those who had *positive* responses to being invited to join a home visiting programme perceived themselves as being vulnerable and in need of support or assistance. This finding is echoed by Korfmacher et al (2008), who believe that involvement is linked to parents' internal belief that they need the service, rather than the existence of an external risk factor. They state that although it may be obvious that the more motivated a parent is to join a programme, the more involved they are likely to become, nevertheless, what motivates parents to join and remain in a programme cannot be assumed and should to be explored.

2.4.2 Parental Involvement in Home Visiting Programmes

Involvement is most commonly assessed in terms of participation and parental engagement in the programme. Participation may be understood as the amount, frequency, duration and ratio of contact that the mother has with the home visitor (Korfmacher et al, 2008). Gomby, Culross and Behrman (1999) state that most home visiting programmes struggle to ‘deliver high quality services to families as well as engaging and retaining families in programme services’. Gomby (2007) comments that in two programmes reviewed, many families (46% by 1 year and 68% by 2 years) left the programme prematurely. Raikes, Green, Atwater, Kisker, Constantine and Chazan Cohen (2006) believe that the issue is not whether home visiting programmes work, but about under what conditions they work.

Although parental engagement has traditionally been seen to reside with the parent in terms of their commitment and receptivity to a programme, it would be more accurate to understand engagement as being situated in the relationship between home visitor and parent (Korfmacher et al, 2008). However, amongst the multitude of academic papers published on home visiting there is relatively little which focuses on the nature of the relationship between parent and home visitor.

Research that *has* touched on this area speaks of the importance that the recipient places on being heard, having a friend and experiencing the empathy of another. Landman (2009:201) describes this relationship between parent and home visitor where ‘the counsellors were experienced as playing a caring and supportive “grandmothering” role to many mothers who expressed having felt lost and isolated’. Further evidence is found in the Krysik et al (2008:54) study which found that many of their participants ‘felt a close emotional bond with their home visitor’.

Humphries and Korfmacher (2012) researched the relationship between *doulas* and African American adolescent mothers. The *doula* is a ‘nonmedical, experienced lay helper’ who provides emotional support to mothers during the birth of their infant. They found that the mothers view their relationships with their *doula* as being more than a professional one and frequently view the *doula* as a friend, a big sister, aunt or a maternal figure. The *doula* was perceived as one who cared for the mother, gave her good advice and was concerned about

her well being. These examples elucidate most importantly that a home visitor's conveyance of emotional acceptance to a parent is as important as the content of the programme (Korfmacher et al, 2008; Torres, Alonso-Arbiol, Cantero & Abubakar, 2011) and it is this that ultimately influences participation in a programme.

Allen (2007a) noted the typically positive ratings given by either the mother or the home visitor with regards the helping relationship. Allen's (2007b) study showed that mothers are grateful to home visitors who show interest and concern for them and ensure that their time together is enjoyable. These positive ratings may minimise the recognition of other possible influences of other aspects of the programme on the parents' involvement. Roggman (2001) suggests that this positive bias may be due to a lack of criticism towards a voluntary service. Similarly, Landman (2009) acknowledges the hesitance of mothers to express their own negative feelings and behaviour in the context of deprivation.

2.4.3 Satisfaction with the Programme

International research has highlighted important features of home visiting programmes in terms of satisfaction. Parents often do not differentiate between satisfaction with the home visitor and satisfaction with the programme in general (Roggman et al, 2001).

However, reasons for dissatisfaction and subsequent negative engagement may be because of dissatisfaction with the programme itself, conflict with the content of the programme or conflict with the home visitor. As most parent-infant programmes are voluntary, dissatisfied participants may withdraw from the programme. However, not all withdrawals are due to negative engagement. Other reasons for withdrawal from a programme include participants often being faced with pressing challenges in terms of competing needs that they are trying to meet, feeling they do not have the time or because of relocation to a different area (Korfmacher et al, 2008).

Korfmacher et al (2007) suggest that positive maternal ratings of the relationship with the home visitor *and* satisfaction with the programme are significant predictors of programme participation (that is the amount of time a parent spends on the programme). However, the

quality of the mothers' reported relationship with the home visitor was a stronger predictor of programme participation than general satisfaction with the programme.

In this section we considered how attrition rates in parenting programmes are found to be high. Programme managers need to find ways of engaging parents and the relationship between the home visitor and the mother was found to be pivotal to this process. Mothers gave typically high ratings of their relationship with the home visitor. Parental satisfaction influences programme participation and engagement. Programmes need to be subjected to evaluations and determining recipients levels of satisfaction should be a part of this process.

2.5 The Parent Infant Home Visiting Programme of the Parent Centre

The Parent Centre is a non-governmental organisation which provides a range of voluntary educational and support services to parents living in the wider Cape Town area. In addition to the Parent Infant Home Visiting Programme, the Parent Centre manages a Teen Parenting programme, a Parenting in Africa Network and a Parenting and Community Empowerment and Support programme which offers support groups and counselling services for parents. A Parenting and Leadership programme provides counselling training for professionals, and talks and workshops for parents are presented at various venues each quarter. The counselling facility has expanded to provide a specialised service for parents and their children from birth to three years of age (The Parent Centre Annual Report, 2011).

In 1992, the director of the Parent Centre at the time attended the 9th International Congress on child abuse and neglect in Chicago and was introduced to a home visitation programme entitled Healthy Families America. Its potential for the South African context was recognised primarily because of its community-based approach and the first plans for this programme were established. Funding was obtained and permission given to start a pilot study in Hanover Park, a low income area in Cape Town (Barries, 2009).

Since then, adaptations have been made to the programme with modifications taken from a British health visiting programme and a World Health Organisation document, *Improving the Psychosocial Development of Children* (Hundeide, 1997). Today, the aim of the programme is to promote sensitive and nurturing relationships between parent and child

through providing emotional support and information to the parents. The long term goal is to reduce child neglect, abuse and abandonment. Many of the parents involved in the programme lack information regarding issues such as contraception, conception, pregnancy, the potentially harmful effects of alcohol and chemical substances during pregnancy, as well as information about labour, childbirth, breastfeeding and infancy (Barries, 2009).

Referrals to the programme are made through the community clinics and the mobile obstetric units. The counsellors give regular talks at the community clinics and women are given the opportunity to volunteer as participants in the programme.

Eligibility criteria include:

- Unplanned or unwanted pregnancy
- No support from partner
- A difficult relationship with her own mother
- No support from family and friends
- Lack of finances
- Stressful events (e.g. retrenchment, loss of someone close; loss of home)
- Family violence
- Abuse in the past (e.g. physical, emotional or sexual, including rape)
- Miscarriage or stillbirth
- Depression
- Teenage pregnancy

Fathers are included in some aspects of the programme, such as the Neonatal Interactive Assessment. When teenage mothers live with their own mothers, an effort is made to include the grandmothers in the visit. However, the counsellors are sensitive to the mothers' need for a private space in which they may express their concerns.

The visits are commenced as early in the pregnancy as possible. The mother is visited by a counsellor preferably for five antenatal visits and for six months of postnatal visits. The postnatal visits occur weekly for two months, then fortnightly for two months, then monthly for the last two months (Barries, 2009).

2.5.1 The Counsellors

The counsellors are selected according to the following criteria: they are parents (either biological, adoptive or foster), residents of the targeted community, fluent in the language predominately spoken in the community, as well as English, willing to commit to the programme for a minimum period of two years and exhibit the personal qualities of empathy, a non-judgmental attitude, warmth, openness, respect, maturity, willingness to learn and initiative. In addition, the counsellors must have matriculated and be currently involved in community work of some sort (Barries, 2009).

The training of the counsellors includes:

- basic counselling skills
- parenting skills
- experiential self awareness
- infant nutrition and health
- child development
- NBAS items (adapted from the Brazelton Neonatal Behavioural Assessment Scale (Nugent & Brazelton, 2000)).
- Pregnancy, labour and birth
- Postnatal depression
- Breastfeeding
- HIV/AIDS
- Child abuse
- Infant massage
- Grief counselling
- Trauma counselling
- Sexuality and family planning

The counsellors' four months of basic training includes a self-awareness experiential, which encourages candidates to reflect and discuss their own childhood. In addition, when conducting home visits they undergo 3 hours a week of group supervision by a social worker or psychologist during which they give feedback about their visits, learn new ways of dealing

with situations, are given specialised information, have the opportunity to express their concerns, are supported and are able to provide support to colleagues (Barries, 2009). The intervention is implemented according to clearly defined guidelines set out in a programme manual and under regular supervision which contributes towards standardized delivery. Gomby (2005) believes that paraprofessional practice is improved when intervention programmes utilize a prescriptive curriculum.

Counsellors are required to write a report after each visit and these reports are reviewed during supervision. An external evaluation by Logical Framework Approach of the PIHVP in Hanover Park determined that 'the planned outputs are being achieved at a significant level' (Resource Access, 2006).

2.6 The Community Context

When conducting research of this nature it is important to take into account the fact that the outcome of an intervention is influenced by the environment in which the recipient families live. In other words, the characteristics of a community and the number of locally available resources which the families in the community can utilize are likely to affect the outcome of the programme for families. Programmes operating in communities with a high number of resources are more likely to achieve better outcomes for families. However, families identified as being at risk are likely to be living in poor communities where resources are scant and of limited quality and this is likely to create additional challenges for the implementation of a programme (Azzi-Lessing, 2011). The residents of Hangberg community live in free-standing and semi-detached houses, government flats, wooden bungalows and shacks. Environmental factors affecting families in this community include poverty, overcrowding, violence, crime, unemployment, substance abuse, lack of education and HIV/AIDS. Many of the mothers are teenage girls or women who sustain unplanned pregnancies.

Apart from the poverty which reduces the capacity of parents to provide adequate care for their children, another factor which contributes to child maltreatment is the lack of general parenting skills. Changes in parental attitudes and the dynamics between parents and their children are essential for providing a safe environment for children.

In addition, mental health problems hinder the ability of parents to parent. During the social and political upheaval in the struggle against apartheid in South Africa in the period from 1960 – 1990, concern was expressed at the state delivery of psychological services. This is evident in the literature, and Orford (1992) points out that mental health problems arise in the shadow of social and political inequity and a lack of access to resources. In this regard, Rappaport (1977) and Lazarus (1988) identified three key problematic areas: the inaccessible nature of mental health services to the poor, the lack of emphasis on the social context in which mental illness arises and the inadequacy of traditional clinical and counselling methods in cross-cultural contexts. Ahmed and Pretorius-Heuchert (2001) add that since 1994, many of the previously disadvantaged remain disempowered, in other words the same demographic groups are still experiencing mental illness without adequate social support.

In response to these dire circumstances, home visiting takes social support services directly to the homes of those in need of them and thus improves access for families who are socially and geographically isolated. This is particularly pertinent in the context of South Africa where many at risk families are socially isolated and do not have funds for transport nor childminding. In addition, home visiting has the potential to involve the whole family and so has an inclusive and systemic approach as it reaches more people than just the mother and her infant (Chandan & Richter, 2008; Azzi-Lessing, 2011).

However, even though poor communities have little in the way of material goods and services, Swartz and Gibson (2001) point out that we should still be careful to refrain from idealising the community as being one big family as there are power differentials and conflict within these communities. Differences of opinion are rife, and sick and vulnerable people are often disempowered within their own community. It is to these people especially that we as professionals are compelled to offer services such as home visiting. What is apparent is that parent-infant home visiting programmes have the potential to contribute to the infrastructure and the social development of a community.

2.7 A Psychodynamic Perspective

A psychodynamic perspective explains the dynamic interplay of conscious and unconscious thoughts and feelings in the life of the individual. It is a valuable perspective for appreciating the social and psychological aspects of pregnancy and infant development as well as the implications these hold for later child and adult development.

2.7.1 Pregnancy

Stern and Bruschweiler-Stern (1998) assert that the psychological process of becoming a mother develops over time and is largely precipitated by the woman's pregnancy. It involves a change in focus from being a daughter to being a mother. During this time women actively seek the support of other women and their manner of relating to the male partner is adjusted.

Pregnancy exposes a woman to an experience that is both personal and yet shared by others. A pregnancy demands that a woman face new challenges and responsibilities. Previous psychological issues can be precipitated by pregnancy and unfortunately these developments happen at a time when women are often isolated from support. Pregnancy brings up parents' own infancy and childhood experiences as well as their concerns about their ability to take care of their infant (Raphael-Leff, 1991). Benedek (1959) suggests that past psychological issues resurface during pregnancy and also as the infant or child reaches the developmental stage of the parent's own troubles.

Furthermore, women who are pregnant and single because of divorce, death or abandonment are at additional risk because of the further emotional stress they have to bear. These stressors may occur in conjunction with other issues such as whether the baby was planned, is seen as a replacement baby, the maturity of the parents or the state of their relationship (Raphael-Leff, 1991). The more serious the problem experienced during the pregnancy, especially if the problem concerns mothering, the more likely the problem is to persist after the birth. However, a timely intervention can help a pregnant woman muster her inner strengths and consolidate her sense of self, thereby lessening her chances of postnatal difficulties (Raphael-Leff, 1991).

A relatively stress-free pregnancy and birth experience are important for the development of the important bond between the parents and the infant. Cudmore (2007) points out that if parents have experienced trauma during pregnancy, birth or the early months there will inevitably be emotional consequences for relationships within the family, that is, between the parents, between the parents and infant, and between the parents and other children.

A woman's awareness of the challenges that she is being faced with can encourage her to appeal to others for assistance more readily than before. Raphael-Leff (1991) suggests that pregnancy may be regarded as an ideal time for therapeutic work. At this time a woman's motivation for seeking help is not only a way of sorting out her difficulties but is also due to an increased awareness of previously hidden thoughts and feelings and a need to readjust her self identity. While the PIHVP is not classed as therapy, the nature of the counselling work has a therapeutic aspect to it.

2.7.2 The Mother-Infant Relationship

The literature abounds with evidence of the importance of the parent-infant relationship and its consequences for later development. Bowlby (1960;1973;1988), Fraiberg (1980), and Stern (1985) emphasize the idea that early infant and child development should be viewed in the context of caregiving and attachment relationships (Ammaniti et al, 2006).

Maternal depression and anxiety, substance abuse, social isolation and/or lack of partner support affects a mother's interaction with her infant which in turn affects the infant's cognitive, emotional and behavioural development and these effects can be lasting (Austin & Priest, 2005). In terms of protecting infant development and improving the mental health of mothers, it is important to note that interventions that target the mother on her own have been unable to demonstrate an improved relationship between mother and infant (Austin & Priest, 2005). This illustrates the need for interventions which specifically target the mother-infant relationship. Cantero (2003) has identified requirements for interventions that promote secure attachment between infant and caregiver. The interventions need to aim at increasing parental sensitivity to the infants cues and needs, focus on the infant-parent relationship, rather than either one or the other, consider the infant's role in terms of his/her own development and

relationship with the parents and offer a professional who provides a security base for the dyad. The PIHVP as an attachment-based intervention is designed to attend to these issues.

2.7.3 The Role of the Self in Parenting

When working with parents we need to ask what it is that motivates parents to make the effort not to perpetuate *their* parents' malfunctioning with their own children, as many parents have themselves suffered some injustice at the hands of their own parents or caregivers. Fraiberg (1987) upholds that there is a powerful intergenerational influence of parents' early childhood experiences on how they relate to their own children. In this regard, Stern and Bruschweiler-Stern (1998) point out that we assume that a child is the result of a triangular relationship of mother, father and child, but the child may also be part of another triangle that is made up of the child, the mother as well as her mother. However, Fraiberg (1980:89) also emphasizes that 'history is not destiny' and that the parents' past does not necessarily determine the behaviour of the parents' future.

Fonagy and Target (2005) believe that it is self-reflectiveness (that is the ability to know oneself and to understand the world of others) which empowers a parent who has had a traumatic past, to protect their child from the cycle of repetition. It is the work of the home visitor to initiate a conversation around the parents' past and to increase an awareness of these issues.

Furthermore, it is not only the mother's own childhood experiences that a mother needs help in overcoming, but also in becoming comfortable with the new role and identity of being a primary caregiver. Stern and Bruschweiler-Stern (1998) explain that having the responsibility of looking after an infant is a daunting prospect for most first time mothers who then need the support of others who may be in the same situation, or who may have more experience in childcare. The feminist movement fought for equal rights for women in sports, politics and in the workplace but it was not involved much in the challenges of becoming a mother. New mothers are not aware of how universal their feelings and experiences are and are often hesitant to talk to others. All parents initially feel unsure with regards to baby care but they battle on and eventually experience varying degrees of success. This practical and emotional

engagement with the responsibility of the infant is what gives rise to the parent's new identity (Stern and Bruschweiler-Stern, 1998).

Similarly, Fava, Vizziello, Antonioli, Cocci and Invernizzi (1993) maintain that representations of the self as a mother change from being not integrated during the pregnancy to being integrated and internalised after the birth of the child. This change in self image is brought about by the mother's interactions with her infant. Ammaniti et al (2006:72) explain further 'when a mismatch or an interactive failure occurs between infant and caregiver, it may create stress and generate negative emotions for the parent'.

Ammaniti, Tambelli, Odorisio, Isidori, Vismara and Mancone (2002) acknowledge that over time representations of the self as a mother are repeatedly separated from the image of her own mother and there is an integration of the new image of the self as a mother and the self as a woman. Their research indicates that the *supported* birth of the baby may ease concerns the mother may have had about the well being of her infant and may facilitate the development of a positive image of self as mother.

2.8 Attachment Theory

Attachment theory (Bowlby, 1960) is considered a psychodynamic theory and is based upon the premise that the infant expresses a need within the context of a relationship and receives responsive feedback from the caregiver which varies in its quality. The formation of attachment bonds result in persisting themes in an individual's life which influence all relationships throughout the life cycle (Page, 2011).

According to attachment theory, instinct is the result of an infant's genetic predisposition in interaction with the environment. Page (2011) emphasizes that as this combination is different for every child, this idea has implications for our beliefs about what is considered 'good parenting' and 'normal' and how we need to make allowances for diversity.

2.8.1 The Development of Attachment

Payne (2005) explains that during infancy and early childhood, bonds are formed with parents or other primary caregivers who are turned to for the provision of protection, comfort, support, warmth and mutuality. Bowlby (1988) proposes that the infant seeks proximity to and comfort from the caregiver who gives feedback and the infant adapts his behaviour accordingly. At about six months, the infants' crying, smiling, clinging and movement towards the caregiver becomes organized into an attachment behaviour system.

It is important to differentiate between 'attachment' bonds that are formed between the infant and caregivers and the ordinary 'connection' between people. Attachment refers to the emotional tie which develops in a more vulnerable person in relation to a stronger one. Most children form many attachment bonds which may differ for parents, grandparents, aunts, uncles and siblings, as well as significant others and these attachments become synthesized over time into a dominant attachment pattern (Page, 2011).

Bowlby (1988) advocates that significant early relationships are formative and later during adolescence and adulthood these bonds remain but are reinforced or challenged by the formation of new intimate relationships. The early communications between infant and mother are largely through emotional expression and its physical manifestation such as touch. Although a more sophisticated communication develops later with the acquisition of language, the emotional content is consistently present throughout intimate relationships.

2.8.2 Attachment Theory and its Relevance to this Study

Attachment theory highlights the importance of a child's first emotional relationships and these together with early childhood development serve as the basis on which friendships and later adult relationships become established. Infants develop their sense of self and social competence in interaction with significant others (Payne, 2005). The PIHVP was developed as an attachment-based intervention and research (Cooper et al, 2009) illustrates that the intervention improves mothers' sensitive interaction with their infants and this in turn results in secure attachment in their infants.

According to Payne (2005), social work practice guided by attachment theory focuses on:

- Present relationships, their quantity and quality, function and nature. In terms of the research questions of this study, the mother's role and relationship to her infant and different family members are investigated, as well as her relationship to self. The exploration into the mothers' involvement in the programme addresses the nature of the relationship between home visitor and mother.
- Relationship history, and how various types of attachment behaviour are played out. In the PIHVP, parents are encouraged to reflect on their relationship with their own parents. The home visitors are also required to grapple with this issue in their own training.
- Context in the form of specific environmental stressors and how they affect present relationships: The PIHVP as an intervention is delivered within the context of a specific community and within the contexts of pregnancy and parenting.

Social work practice and research such as this study, incorporate these perspectives and thus pivot around understanding and insight which is characteristic of psychodynamic theories (Howe, 1995).

Attachment theory is pertinent to this research on several counts. As a recipient of the PIHVP, the mother's engagement in the programme is determined amongst other factors, by her emotional relationship with the counsellor. The development of this relationship and their mutual involvement over time is assumed to have some influence on the mother's way of relating to her partner, her infant and other family members. The intervention is also expected to influence the mother's sense of self and internal sense of security.

2.8.3 Implications for Children

The way in which attachment behaviour is organized within a person is dependent on his or her experiences of primary caregivers in childhood (Bowlby, 1988). A child internalizes aspects of self, others and the relationships between them, through attachment behaviour and this influences relationships throughout the individual's life. According to Bowlby (1973), children have an inborn need to communicate and seek attachment to others. When under

stress, this may be achieved by proximity seeking, where a child seeks to be close to a parent or other, or by separation protest, where a child attempts to resist separation from a secure adult. However, when the child has a secure base because there is a secure adult present then the child is able to take risks.

Through social interaction over time, children develop different patterns of attachment which have been described by Ainsworth, Blehar, Waters and Wall (1978) as either secure, insecure and avoidant, insecure and ambivalent, or insecure and disorganized.

Bowlby (1988) states that if the parent is found to be consistently warm and responsive when turned to, the child will feel able to explore the world around him. These explorations are tentative at first but in the middle of the third year a secure child is able to increase these explorations in terms of time and distance. In adolescence, these may be extended to weeks or months.

Page (2011:32) elaborates on the idea that exploratory and attachment systems are understood as opposite aspects of a dynamic pattern 'whereby the activation of one normally involves the relative deactivation of the other'. This means that a secure child explores the world with confidence, but if a child is feeling insecure he or she is unlikely to want to investigate and discover new things.

Furthermore, the child who is abused by a parent is faced with a dilemma. The attachment behaviour is precipitated and concentrated on the person who actually causes the distress. If the child has an insecure attachment they will then seek comfort from the person who is the cause of the distress. This explains why children and adults in abusive relationships often have difficulty separating from them (Page, 2011).

It is important to note that attachment behaviour is currently viewed as influencing far more than a sense of safety and security. Attachment is seen as a 'major organiser of brain development (Schoore, 2003) with the brain being described as 'experience-expectant' (Siegel, 1999; Sroufe, 1996; Hofer, 2004) and giving rise to the 'transgenerational transmission of attachment patterns (Fonagy & Target, 2005:334)' which will be discussed in the next sections.

2.8.4 Implications for Adults

Patterns of attachment for both men and women often persist across the life cycle and influence relationships with parents and family, peers, partners, children and infants (Bowlby, 1988; Payne, 2005). Researchers, Berlin, Cassidy and Appleyard (2008) conducted longitudinal studies which showed that attachment patterns in infancy indirectly influenced the quality of loving relationships in early adulthood.

Furthermore, Bowlby (1988) explains that attachment behaviour is not limited to infants and children. Although less obvious, it may be activated in adolescents and adults of both sexes when experiencing stress, feeling vulnerable (Page, 2011) or in times of distance or separation from significant others. In addition, it is not unusual for a pregnant woman or a mother of an infant to express a strong need for care and support for herself.

Bowlby (1988) stipulates that an important aspect of attachment behaviour is the intensity of the emotion in the relationship and is dependent on the state of the relationship between the attached person and the attachment figure. If the relationship is good, there is well-being and security, if it is threatened there may be jealousy, anxiety and anger and if severed, there may be grief and depression.

The long term significance of this is that as Page (2012) highlights, attachment patterns are often transmitted intergenerationally. Children tend to take on the same attachment patterns as their caregivers. However, other factors also influence this development.

2.8.5 Attachment Theory and Change

Fonagy and Target (2005:334) concentrate on the intergenerational influence of attachment by using the concepts of 'reflective function' and 'mentalization'. These concepts refer to the human ability to interpret and to make sense of oneself and others with regard to thoughts, feelings, wishes and beliefs. This ability in a parent is believed to arise out of the relationship with a parent's own caregiver. According to Slade, Sadler and Mayes (2005), a mother who is securely attached is able to provide reflective care for her infant. Research has revealed an

association between high levels of maternal mentalization and secure attachment in her infant. This holds important implications for early interventions.

The PIHVP aims to regulate the mothers' relationship with her infant and to assist her in developing a level of awareness as to what happens in her relationship with her own parents. The mother is also encouraged to see her infant as a separate individual with specific needs. She is helped to observe her infant and be sensitive to him/her and his/her way of relating to the world. Bowlby (1988) emphasizes five important therapeutic intervention tasks which influence attachment and many of these are incorporated in PIHVP:

- Providing the client with a secure base to explore negative actions
- Assisting clients in their explorations
- Discussing how attachment behaviour exists in the relationship between client and home visitor
- Helping clients connect the past with the present
- Helping the client think about and find new ways of responding in relationships

Furthermore, the PIHVP encourages the mother to take care of herself during her pregnancy and to limit the potential for complications during pregnancy, birth and infancy. Bowlby, (1988) acknowledges that research shows that children who have been abused are more likely to have been exposed to an abnormal pregnancy, labour or delivery, separated from their parents after birth for 48 hours or more, or to have had other separations in the first six months of their lives. Illness in either the infant or the mother in the first year of life is also a possible indicator for abuse.

Many children experience inconsistent or inadequate parenting, a lack of parental responsibility, criticism, blame, parents who are aggressive and violent towards each other and/or towards the child. A high percentage of abusive parents have lived themselves as children who have consistently experienced threatened or actual abandonment or maltreatment. Many of these children grow into adults who are continually anxious that their partner will abandon them, who consider violence to be a part of their life and survive on little emotional support and love (Bowlby, 1988). However, not all abused children become abusive parents and a mother may batter one of her children and not the other/s and we need to consider what gives rise to these different trajectories. One answer lies in the reports that

have shown that mothers who are at risk of developing adverse parental attitudes, had an extremely raised sensitivity to their experiences during the birth and early months of their infants life (Bowlby, 1988).

In this regard, the timing of the PIHVP as an intervention is an important part of the strategy of the service it provides. Women often desire stability and security during their pregnancy and are generally amenable to therapeutic intervention at this time. Education and support can lessen the potential for complications during pregnancy, birth and early infancy and can improve outcomes for the family, such as enhanced relationships between individuals. Moreover, an increased awareness of intergenerational issues such as abuse and negative attachment behaviour can limit their transmission from one generation to the next. These issues are pertinent to all parents and especially those living in socio-economically compromised communities.

Psychodynamic theory and attachment theory have contributed much to our knowledge of the development of the infant. The early relationship between infant and caregiver is of great importance. The way in which an infant attaches to his/her caregiver will influence his subsequent relationships throughout the life cycle. Patterns of attachment are enduring but can also change and improve and early preventative interventions therefore have a vital role to play in infant development.

2.9 A Systems Perspective

Systems theory as a theoretical framework, has been incorporated in this review as it gives due attention to the family in context. Systems theory and psychodynamic theory complement each other and together create a comprehensive and integrated base for this research.

Furthermore, the systems perspective is important for social work because the individual is understood within a particular context of social connections and relationships (Payne, 2005). Programmes such as the PIHVP focus on improving the functioning of families and communities as a whole even though the PIHVP is not specifically a systems-based approach.

Payne (2005) states that the individual approach to social issues is to facilitate the individual's fit in the present social order. In contrast, the systems perspective is concerned with the development of a more effective social order. The approach developed in reaction to the individual focus of psychodynamic theory and played an important part in the development of family therapy. According to this theory, a system should be viewed in terms of the *relationships* between the elements of a system and not merely the separate elements of that system. A family as a system may consist of its members, the relationships between them, as well as the environment in which the family exists.

The idea of an environmental context is reiterated in the work of Germain and Gitterman's (1980,1996) 'life model' of social work which is founded on the ecological perspective and can essentially be categorized as systems theory. It has been included here because it provides a very good theoretical understanding of the family as a system. According to their life model, 'people are interdependent with each other and their environment'. The relationship between people and the environment they live in is one of reciprocal influence over time. Thus, the goal of social work is to improve 'the *fit* between people and the environment (Payne, 2005, 150).' This theory is pertinent to social work in general and to the present study which explores the perceptions of mothers as part of a community. The research focuses on the process and impact of a programme on the mothers' ways of relating to their family *and* self, with an emphasis on the interdependent nature of this relationship.

Payne (2005) explains that people on their individual path are exposed to life stressors, transitions and happenings which disturb their fit with the environment and their experience of being able to cope. A review of the situation is made by the person as to the scope of the challenge, the possibility of loss, as well as the resources available to them. People will often try and change some aspect of themselves or the environment or the interaction between the two. The environment as well as their own physical and emotional reaction gives people feedback about their efforts. According to Payne (2005), resources which people have available may be understood as being:

- Relatedness and the capacity to form attachments
- Efficacy – their confidence in their ability to cope
- Competence – their sense that they have relevant skills, or can get help from others.
- Self-concept – their overall evaluation of themselves

- Self-esteem – the extent to which they feel significant and worthy
- Self-direction – their sense of having control over their lives, alongside taking responsibility for their actions while respecting others' rights.

The fit between people and the environment is improved by easing life stressors and improving personal and social resources in order to enable them to use effective coping strategies. It is believed that the PIHVP works at improving the fit between the mother and her environment by developing the mother's available resources (Germain & Gitterman, 1980).

Structural therapy developed by Minuchin (1974) is also regarded as systems theory. The structural therapist like the PIHVP home visitor essentially needs to join the family as a means of engaging the system. By joining the family the home visitor learns to speak the language of the family members using their metaphors and idioms.

The PIHVP home visitor has the advantage of being from the same community as the mothers. Prochaska and Norcross (2010) speak of anthropologists who when joining new systems must familiarize themselves with the rules of the system. The PIHVP home visitor is trained to join the system through the use of empathy, warmth and caring and a new therapeutic system is created. The home visitor avoids being confrontational but once she has joined the system, dysfunctional rules of the system are gently challenged. In addition, events are not seen in terms of linear and intrapsychic causality but as part of a circular and reciprocal system. It is therefore assumed that changes within the mother will effect changes within her relationships with others.

2.9.1 Change within the System.

According to Payne (2005), meaningful change is brought about through controlled adjustment and greater differentiation of the members of the system. The options available to parents are increased when relating to others. In the PIHVP, the mother is emotionally supported and is shown potentially different ways of relating to her infant and other children. The mothers' greater differentiation of self is hoped to result in her greater sense of self and

as a result she would be in a better position to carefully consider her infants changing needs as being unique and separate from hers.

2.9.2 Application of Systems Theory

Payne (2005) speaks of family homes as self-regulating systems which are affected by outside events. Instead of focusing on assisting the individual to cope more effectively with circumstances, professionals encourage family members to focus on taking responsibility for events and thereby reducing the risk of unexpected crises. The recipients of the PIHVP are deemed eligible for the intervention on the basis of potential risk. The aim of the preventative programme is to reduce this risk through the dissemination of information, encouraging reflection and the provision of empathic support.

Systems theory is therefore a useful and appropriate means of providing a theoretical framework for this study. The counsellor is seen to join the system and works with the mother and her family as a system. Changes within the mother are believed to effect changes within her relationships. These events occur within the specific context of neighbourhood and community.

2.10 Conclusion

In this chapter a discussion of home visiting programmes was presented with a specific focus on the Parent Infant Home Visiting Programme of the Parent Centre. Matters of debate in the literature and areas requiring further research have been identified. It is understood that a well designed intervention is only as good as its delivery and that the home visitors are largely responsible for the delivery of the service. Furthermore, mothers as recipients of an intervention should be included in its evaluation.

Home visiting programmes were considered from a psychodynamic perspective which emphasizes the mother-infant dyad and the early developmental years in the formation of attachment bonds and intergenerational influences. Thereafter, a systems theory perspective

broadened the theoretical scope of the study to include the reciprocal influences between family members and the community environment.

CHAPTER THREE: RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

This chapter focuses on the research methodology and design which has been utilised for this study. This is followed by a discussion of the sampling methodology, data collection and data analysis. Thereafter, important ethical issues are given consideration as well as the potential limitations of the study. The chapter is concluded with a section on data verification.

3.2 Research Methodology

The research strategy selected for the study is that of the qualitative paradigm using a descriptive methodology. The qualitative paradigm is an appropriate way of accessing the significance of people's experiences in their communities (Rubin & Babbie, 2011). This is particularly relevant to this study which seeks to examine and determine the motivations and perceptions of mothers involved in the PIHVP. Due to the qualitative nature of this study the researcher is the main instrument of data collection, and has spent many hours collecting data from real life sources using face-to-face interviews and later analysed the data using interpretation (Gray, 2004).

In addition, certain features of social life such as episodes, encounters, roles, relationships, social worlds and settlements are believed to be most suited to qualitative research (Lofland & Lofland, 1995). These relate to topics that are directly connected to this study in terms of the peri-natal period as an episode, counselling as an encounter, parenting as a role, family as a relationship, particularly the mother-infant relationship, parents, especially mothers as a social world and the Hangberg community as a settlement. Therefore, the qualitative approach is believed to be well suited to this study.

In keeping with this qualitative paradigm, the findings will be presented in the next chapter from the perspective of the respondents. Furthermore, the researcher will utilise the qualitative process of inductive reasoning in the data analysis, after which a number of specific experiences will then be used to develop insights.

The descriptive methodology was utilised to describe the characteristics of the sample and the relationships between phenomena, situations and events (Rubin & Babbie, 2008). The aim of this research was to investigate what happens when a mother decides to join the PIHVP and to ask related questions such as what were her thoughts and feelings about the programme and whether it was perceived to change her relationships with different individuals. Furthermore, descriptive research is well suited to recording clients' perceptions about the services they receive (Tripodi & Bender, 2010).

There is a need to describe and document the mothers' perspectives of their experiences of the intervention and the researcher therefore elected to work within the descriptive paradigm. It is also important to note that this study is structured within a conceptual framework of both local context and broader international research.

In this research, a small sample was undertaken in order to allow for an in-depth study of the factors which influence the process of the mothers' involvement in a home visiting programme as well as the perceived impact of the intervention on the mother and her relationship with family members and will lay the basis for further research (Gray, 2004).

3.3 Research Design

The case study design was selected for this research because it allows for the investigation of an event in its 'real-life context' (Yin, 1994:13). The researcher was motivated to select the case study as a means of exploring the influence of the PIHVP on the daily existence of mothers within the Hangberg community, as recipients of the PIHVP and as the units of analysis.

For the purposes of assembling this case study, interviews were used with the aim of linking the evidence collected in the interviews with the mothers to the related social work theory presented in the literature review, and this is achieved by showing where the evidence is consistent with or may contradict the theory (Yin, 1994). It is hoped that this study will extend our knowledge, our familiarity and our certainty (Stake, 2000) about mothers' experiences of home visiting programmes in terms of their perceptions and motivations.

3.4 Pilot Study

For the pilot study, two mothers who had completed the programme were contacted and interviewed. They were interviewed at the same venue as the subsequent respondents and so through the pilot study the researcher was able to become familiar with the Hangberg district and make contact with the caretaking staff of the church building where the interviews were conducted. During these interviews, the researcher kept the research questions in mind and ascertained whether the interview schedule elicited the scope and depth of data that was required for the purposes of the study (De Vos, 2002).

Initially, all *past* recipients of the PIHVP were intended for inclusion in the sample. However, it became apparent through the pilot study that those who had recently completed the programme had an enhanced recall of the process. Furthermore, after these first piloted interviews, adjustments were made to the interview schedule and questions were regrouped in order to develop the quality of the interviewing. At this time the researcher became aware that a question concerning motivation would increase the scope of the study and so was included. In addition, certain biases were identified in some questions and the schedule was adjusted accordingly. For example, the question ‘Did you agree with everything that was suggested to you?’ was counterbalanced with the question ‘Were there parts of the programme that were difficult for you?’ Questions were also added to the schedule as a means of gathering authentic and meaningful data. For example, the question ‘Did the programme change the way you think and feel about your baby?’ was followed with ‘If yes, how are things different?’

3.5 Sampling Methodology

3.5.1 Population

A population is comprised of a definable group of people or items with the attributes under study (Arkava & Lane, 1983). The population in this study consists of mothers as past or present recipients of the PIHVP in the Hangberg community. After obtaining permission, the researcher collected names and contact numbers of mothers from the Parent Centre reports.

All mothers who have completed the programme are kept on record together with their file notes. Women were selected on the basis of their current participation in or past completion of the programme during the course of 2011 and beginning of 2012.

3.5.2 Sampling Method

Akava and Lane (1983) define a sample as those members of the population who are selected for inclusion in the study. The researcher selected 17 mothers based on their recent or current participation in the Parent Infant Home Visiting Programme and used their personal accounts as research material for this study.

Non-probability sampling was utilised and this sampling occurs when non-random sampling is applied and therefore all the members of a population do not have an equal chance of being selected as participants in the research (De Vos, 2002). In the current study, members of the population did not share an equal chance of being included in the sample, as only those who had recently completed the programme, or were still on it, were contacted.

Participants were selected by means of purposive sampling, which according to researchers (Gilbert, 1993; De Vos, 2002; Gray, 2004) is frequently used in qualitative research .

Respondents were identified by means of the file notes as having specific characteristics which were pertinent to the study and lay within the parameters of the research and on these grounds were purposely included in the sample. After the pilot study was conducted, it was decided that the sample would be selected from those mothers who had completed the programme in the last twelve months prior to the interviews. The selection process determined the inclusion of those mothers who were living with a partner as well as those who were not, mothers who had adequate family support as well as those who did not, mothers with existing children as well as first-time mothers, and mothers who were employed, as well as those who were unemployed. The researcher selected a sample which was considered to have characteristics believed highly relevant to the study and which would elicit both typical and divergent data (De Vos, 2002).

3.5.3 Sample Size

Seventeen respondents were interviewed. The size of the sample was limited by the number of mothers who had completed the programme in the last twelve months prior to the interviews or who were still on the programme. However, one of the respondents had completed the programme 2 years and 4 months prior to the interview.

3.6 Data Collection Strategy

3.6.1 Data Collection Method

The researcher elected to use semi-structured, face-to-face interviews as a means of data collection. Semi-structured interviews were appropriate and useful to this study because they provided a rich account of the respondents' perceptions, motivations, beliefs and general experiences which cannot easily be collected with quantitative data collection (De Vos, 2002).

All qualitative interviews are open-ended with questions being modified as the research progresses but they vary in the extent to which the questions are predetermined (Rubin & Rubin, 1995). In this study, the researcher aimed for a consistent approach to each individual interview by using the same interview schedule for all respondents and by recording and transcribing the interviews on the same day. However, at the same time the researcher remained sensitive to the potential to collect unique and original data from each subject (Rubin & Babbie, 2011). Respondents were encouraged to share data they felt was important.

3.6.2 Data Collection Instrument

A semi-structured interview schedule was selected to direct the interview process and to encourage the interviewees to fully participate and to allow for additional information to be shared (Holstein & Gubrium, 1995). Interviews were a method of hearing peoples' stories and finding out how they had made sense or meaning of a circumstance (De Vos, 2002) and this practice was integral to this process study.

Each interview took between forty five minutes to one hour, each respondent was interviewed once, in English and all respondents were asked the same questions using the interview schedule (see Appendix 1). The interviews were conducted in the Hangberg community in a private and soundproof room attached to a church and without the presence of other adults. However, sometimes infants or young children accompanied their mothers.

3.6.3 Data Collection Tools

A tape recorder and the researcher's field notes were used. The tape recorder ensured accurate recording of information, allowed the researcher to focus on the process of the interview and to probe where necessary (Rubin & Babbie, 2011).

3.7 Data Analysis Strategy

The themes to be investigated were identified before compiling the interview schedule and questions on the interview schedule were grouped according to these themes to facilitate the subsequent data analysis. Each interview was transcribed on the same day as it was recorded as it was then still fresh in the mind of the researcher. Each recording was listened to twice and the transcription was checked on the second occasion. The data elicited from the interview transcripts was grouped into categories within the different themes using Tesch's (1990) approach of coding and sub-coding. The categories in two of the themes were predetermined, for example the categories in Theme 2 that refer to the mothers' participation in the programme, her relationship with the home visitor and satisfaction with the programme. The categories in Theme 3 were also predetermined. All the other categories were developed in the process of grouping the data, such as the categories in Theme 1. The category concerning the mothers' relationship with home visitor in Theme 2 could have been placed in Theme 5, as this relationship was perceived to have a major influence on the mothers' sense of self. However, the researcher decided to place this category in Theme 2 as an important aspect of the mothers' involvement in the programme. Tesch's approach of coding allowed for the systematic organizing of the data but simultaneously was sufficiently flexible to allow for the emergence of new and unexpected insights.

3.8 Ethical Considerations

Ethical considerations which the researcher faced in this study are those of gaining consent, no harm to participants, confidentiality and competency and are discussed in the following section.

3.8.1 Consent

In this study, a potential respondent was contacted by telephone and asked if she would be willing to participate in the research. The purpose of the research and the interview was explained. If individuals agreed to participate, a date and time for the interview was scheduled. Respondents had the legal and psychological capacity to give consent, they were not subjected to pressure to participate, and were reminded that they could withdraw from the research process at anytime. Permission was obtained from the respondent to record the interview. Respondents were informed of their rights to have access to a copy of the final research report.

3.8.2 No Harm to Participants

The most overt example of personal harm that could have arisen during this study was the breaching of confidential information that could have resulted in damage to the clients' family, other relationships or their employment situation. The researcher kept all information that she was privy to, confidential. There was also the potential for harm to be inflicted when a respondent spoke about a previously traumatic experience. Respondents in this study were assured that they did not have to discuss issues that made them feel uncomfortable. At the end of each interview the researcher reflected on the interview process with the respondent and so provided an opportunity for debriefing whereby the respondent could verbalise any difficulties she may have experienced with the interview process or regarding the information that she had shared (Rubin & Babbie, 2011).

3.8.3 Confidentiality

An agreement regarding confidential issues and how private information is made public needs to be reached between researcher and respondent (De Vos, 2001). In this study, respondents were assured of the confidential nature of the research. The respondents were expected to share information that they would not normally share with others and the researcher was committed to protect that information and the identification of its source. Information kept on computer was kept confidential and only identifiable by a code and data included in the dissertation was also allocated a code number to protect its source.

3.8.4 Competency

Due consideration was given to the well being of the client. The researcher was aware of her ethical responsibility throughout the research process. The researcher was also culturally sensitive to the values of the respondents and did not judge nor impose her own values on them.

3.9 Limitations of the Study

3.9.1 Limitations of the Research Methodology

The qualitative nature of this research means it could potentially have been influenced by the subjectivity of the researcher. This phenomenon has been referred to as observer bias, in which the researcher's perspective influences the research process because of observer effects whereby the mere presence of the researcher impacts on the data collected from participants (Gould, 1996).

Qualitative research is also dependent on the willingness of respondents to speak honestly and this may affect the reliability of the findings. Furthermore, interview questions that require respondents to answer retrospectively rely on the memory recall of respondents which varies over time (Korfmacher et al, 2008). In addition, the main drawback of

exploratory studies is that they do not provide definitive answers to research questions (Rubin & Babbie, 2011).

3.9.2 Limitations of the Research Design

The case study is a complex design which involved a time consuming procedure that generated large amounts of data which then had to be analysed. Each unit of analysis was regarded as a single study and the different units contributed ‘converging evidence’ whereby similarities in the data were identified. However, conflicting evidence was also regarded as equally important (Gray, 2004:128).

3.9.3 Limitations of the Sampling Methodology

It has been correctly asserted that a limitation of purposive sampling is that the researcher may be inadvertently biased in selecting the sample (Gray, 2004). In this study, those members of the population who had dropped out of the programme were not selected as it was reasoned that their experience of the programme would be incomplete. However, those mothers who had dropped out of the programme might have presented a different perspective. In addition, the sample size in this study was relatively small and not necessarily representative of the population and held in a single site which limits the ability to generalize the results (De Vos, 2002).

3.9.4 Limitations of the Data Collection Strategy

3.9.4.1 Limitations of Data Collection Method

The success of the semi-structured interview depends on the ability of the researcher to elicit the required information from the respondents and the respondents’ willingness to speak candidly about their experiences. The respondent may misconstrue, withhold information or be untruthful. The researcher felt that the respondents answered quite candidly, but some spoke more openly than others and certainly everything was not always shared.

3.9.4.2 Limitations of Data Collection Instrument

The semi-structured interview schedule was selected for this research in an endeavour to incorporate the benefits of both structure and flexibility. Highly-structured interview schedules strive to achieve a consistency in the way questions are asked so that responses may be efficiently compared. Such approaches limit the flexibility of the interview and some important information may be lost to the researcher who fails to follow clues (Rubin & Babbie, 2011). However, the greater the structure the easier it is for the later analysis of data.

3.9.4.3 Limitations of Data Collection Tool

Tape recorded interviews may cause the respondent to become self-conscious and censor information that could otherwise be shared (De Vos, 2002) and researchers may miss comments made below the recording threshold which are often very telling.

3.9.5 Limitations of the Data Analysis Strategy

The analysis of the data is determined by the subjective interpretation of a single researcher. Researchers may omit to include important themes or categories which could be relevant to the study. The researcher avoided this by including those themes and categories which the majority of respondents referred to and thus identified trends. However, unique minority comments were also included when they were seen to be relevant to the study. Various links between the different categories were made and have been presented in the data analysis in an attempt to consider alternative interpretations.

3.9.6 Limitations of the Researcher

The researcher may hold a personal bias towards information obtained. Interviews are interactional events and the researcher is implicated in the process (De Vos, 2002). The researcher needed to be aware of her female, white, middle-class and educated background and the possible influence this had on the interview process. However, as an experienced and

non-judgemental social worker, the researcher knew how to make respondents feel comfortable enough to talk about most issues and was aware of her own potential biases.

3.10 Data Verification

Data verification is discussed under the four headings of Lincoln and Guba (1985), who propose the following constructs: credibility, transferability, reliability and dependability.

3.10.1 Credibility

Credibility is a qualitative alternative to internal validity. The strength of the rich, descriptive nature of the qualitative data elicited promoted the credibility of the study. The respondents purposively selected for this study were deemed best suited to answer the research questions. The theoretical framework helped identify and describe the themes of the research. The research questions created the parameters of the study and in this way contributed to the credibility (De Vos, 2002).

3.10.2 Transferability

Transferability is the qualitative equivalent to external validity and generalizability. This refers to the applicability of findings in one context to another and is regarded as a specific limitation of the qualitative paradigm. In this study, the small sample size limited transferability. The researcher attempted to strengthen transferability by allowing data collection and analysis to be guided by appropriate methodological frameworks which permit the research to be replicated (De Vos, 2002).

3.10.3 Dependability

This is the qualitative equivalent of reliability, whereby the researcher is able to account for changes in the phenomenon under study. A dependable observation can be described as one

that could have been made by another observer in a similar situation (De Vos, 2002). According to the qualitative paradigm the world is not a concrete entity and therefore the idea of replication of a study is difficult. However, the researcher aimed to understand the phenomena under study from the perspective of the respondents and in this way attempted to achieve dependability (Gray, 2004).

3.10.4 Confirmability

This is the qualitative equivalent of objectivity. Data was recorded as objectively as possible so that the findings could be confirmed by another researcher. In addition, the researcher ensured that the data collected confirmed the findings reached (De Vos, 2002).

3.11 Conclusion

In this chapter the qualitative and descriptive research methodology was discussed and the case study research design was presented as an appropriate selection for this study. This was followed by a discussion of non-probability sampling and the semi-structured interview as a data collection method. Thereafter, the strategy for data analysis was explained. Ethical criteria as an essential part of any research project, were also considered. The chapter was brought to a close with a discussion on the limitations of this study and the importance of data verification in a qualitative context.

CHAPTER FOUR: A PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter presents the findings of the semi-structured interviews conducted with the seventeen mothers of the home visiting programme as the respondents in the study. The chapter begins with a representation of the demographic profile of the respondents in Tables 1 and 2. This is followed by the framework for the analysis which was formulated using Tesch's (1990) approach as a systematic means of organizing the data and is presented in Table 3. The themes which were developed from the research objectives and questions of this study are delineated in Table 3. The five themes are: the mothers' motivations to join the programme, the mothers' involvement in the programme, the influence of the programme on the mothers' relationships with family members, the influence of the programme on the mothers' relationship to her infant and the influence of the programme on the mothers' sense of self. The data was analysed and coded into categories within the themes and are included in Table 3. This is followed by a presentation and discussion of the findings of this study. In the presentation each theme and category is introduced, substantiated by verbatim quotations from the transcripts of the interviews with the respondents, and is then linked to the related research and literature.

4.2 Demographic Profile of the Respondents

As with all such studies, the life of the family and the community context in which an intervention is being implemented will influence the results of the study and limit generalizability to other communities (Gomby, 2007). All of the respondents in this study live in the community of Hangberg. Many, although not all of the respondents live in impoverished circumstances where the quantity and quality of services available to them is limited. It is expected that these circumstances have an impact on the implementation of the intervention in a systemic way.

The demographic profile of the respondents is represented in Tables 1 and 2:

Table 1: Demographic profile of respondents				
Respondent	Age	School grade achieved	Employment status	Dwelling
P1	16	6	unemployed	bungalow
P2	36	10	unemployed	house
P3	28	9	unemployed	house
P4	21	10	unemployed	house
P5	22	9	unemployed	house
P6	40	10	unemployed	bungalow
P7	27	11	employed	bungalow
P8	23	9	unemployed	bungalow
P9	28	10	unemployed	flat
P10	26	9	employed	bungalow
P11	29	11	unemployed	bungalow
P12	26	11	unemployed	bungalow
P13	25	10	unemployed	flat
P14	24	11	unemployed	bungalow
P15	20	9	unemployed	house
P16	23	11	unemployed	flat
P17	28	10	unemployed	bungalow
Average	26	10	unemployed	

The demographic profile illustrates the respondents' circumstances at the time of the interview. The average age of the respondents was twenty six years, with the youngest being seventeen years old and the oldest, forty years old. The average highest school grade passed by the respondents was grade 10 and all except two of the respondents were unemployed. Nine of the respondents lived in a bungalow at the time of the interview. A bungalow is a wooden structure without its own electricity and water supply and these basic amenities are frequently illegally led off the supplies of a co-operative neighbour. In addition, three of the respondents lived in a flat and five lived in a house. Most of the mothers were bilingual, speaking English and Afrikaans, with either one of those languages predominantly spoken at home.

Table 2: Demographic profile of respondents cont.				
Respondent	Relationship status	Pregnancy: planned or unplanned	Number of children in family	Months since programme completion
P1	single	unplanned	1	1 month
P2	single	unplanned	4	4 months
P3	lives with the father	unplanned	5	2 years and 4 months
P4	In relationship with other	unplanned	1	1 month
P5	single	unplanned	1	2 weeks
P6	lives with the father	unplanned	2	5 months
P7	single	unplanned	2	7 months
P8	single	unplanned	1	3 months
P9	lives with the father	planned	4	still on the programme
P10	lives with the father	unplanned	3	1 week
P11	lives with the father	planned	3	still on the programme
P12	lives with the father	planned	1	still on the programme
P13	lives with the father	unplanned	1	6 months
P14	single	unplanned	2	still on the programme
P15	single	unplanned	1	3 months
P16	single	unplanned	1	still on the programme
P17	lives with the father	planned	3	Still on the programme
Average		unplanned	2.1	3.4 months

Two of the respondents were married to the baby's father, an additional six were co-habiting with the baby's father and one mother was living with a man who was not the baby's father. The remaining eight respondents were single and unattached. Four of the seventeen infants born to mothers on the programme were the result of planned pregnancies and the remaining thirteen were the result of unplanned pregnancies. Eight of the seventeen mothers interviewed were first time mothers and the remaining nine mothers had additional children in the home. The average number of children in the families was 2.1, the highest number in any family was 5, and the lowest 1. On average, the respondent mothers had completed the programme 3.4 months prior to the interview. Five of the mothers were still on the programme at the time of the interview and one had completed the programme two years and four months prior to the interview.

4.3 Data Analysis

A framework for the analysis using Tesch's (1990) approach as a systematic means of organizing the data is presented below. The focus of this study was determined by the research questions and objectives which in turn led to the development of the themes. The development of the themes as delineated in the table created a structure prior to data collection and served as a practical and systematic frame for managing the large volume of data.

In terms of actual data analysis, Tesch's (1990) method of open coding and sub-coding was used. Interpretations were made and alternative interpretations were considered. Axial coding, that is the identification of relationships between categories, was also utilised. In this manner a meaningful understanding of both the separate data and the whole interview was developed.

The analysis focused on investigating commonalities and variations between answers to the same questions. Trends were identified and the most frequently mentioned ideas were included in the categories. However, some minority comments have been included because of their unique value and relevance to the study.

Table 3 - The Framework for Analysis

THEMES	CATEGORIES
<p>Theme 1 The Mothers' Motivations to join the Programme.</p>	<ul style="list-style-type: none"> ▪ Psychological Support ▪ Companionship and Relational Support ▪ Guidance, Advice and Information
<p>Theme 2 Involvement of the Mothers in the Programme.</p>	<ul style="list-style-type: none"> • Participation in the Programme • Relationship with the Home Visitor • Satisfaction with the Programme
<p>Theme 3 The Mothers' Relationship with Family Members.</p>	<ul style="list-style-type: none"> • Partner • Grandparents • Other Children in the Family
<p>Theme 4 The Mothers' Relationship with her Infant.</p>	<ul style="list-style-type: none"> • Change in Attitude • Increased Awareness and Sensitivity • Increased Affectionate Interaction
<p>Theme 5 The Mothers' Sense of Self</p>	<ul style="list-style-type: none"> • Increase in Knowledge • Change in Self Representation

The findings are presented according to the themes and categories as identified in the framework of analysis. The participants are labelled as P1-17 to maintain confidentiality and to differentiate between them.

4.4 Theme 1 – The Mothers’ Motivations to join the Programme

Fifteen of the seventeen mothers referred to their motivation to join the programme. Three categories were identified as being those in search of psychological support, those in search of companionship and relational support and those looking for guidance, advice and information.

Parents join a home visiting programme because of their own motivation but home visiting programmes have specific goals. Gomby (2007) maintains that if the programme does not meet the needs of the parent then the chances for success are limited and the rate of attrition will be high (Korfmacher, 2007).

4.4.1 In Search of Psychological Support

Nine of the fifteen mothers who identified their reasons for wanting to join the programme, mentioned psychological difficulties and/or anxieties as being an important motivator.

‘Before the birth I was worried about what type of baby it was going to be because I was over age, I was 40 and most people have a lot of kids, all their kids before 35’ (P6).

‘I was very distressed about the pregnancy’ (P3).

Stern and Bruschweiler-Stern (1998) explain that having the responsibility of looking after an infant is a daunting prospect for most first-time mothers who then need the support of others who may be in the same situation or who may have more experience in childcare. However, some mothers are often hesitant to talk to others and are not aware of how universal their feelings and experiences are. Furthermore, Raphael-Leff (1991) suggests that pregnancy may be regarded as an excellent time for therapeutic work. At this time a woman’s motivation for seeking help is not only a way of sorting out her difficulties but is also because of an increased awareness of previously hidden thoughts and feelings and a need to readjust her self identity. While the PIHVP is not classed as therapy, the nature of the counselling work has a therapeutic aspect to it. In this study, many of the mothers felt distressed, anxious or ambivalent about the pregnancy and needed encouragement and reassurance from a more experienced mother. These findings are in keeping with those of Stern and Bruschweiler-

Stern (1998) and Raphael-Leff (1991). These findings also concur with those of Resource Access (2006) which found that the mothers perceived the programme to help reduce their level of fear through obtaining information.

Some of the mothers were initially motivated to join the programme because of a general sense that they needed help without necessarily being certain at the time as to what exactly was bothering them. Ten of the seventeen mothers interviewed unexpectedly and retrospectively referred to being helped with symptoms of depressed mood, domestic violence or substance abuse without being directly questioned about this.

'It was very, very difficult, especially at the time I felt so, so depressed and I couldn't handle it, it was affecting my work, you know it was just getting too much' (P10).

'Before I had her I used to smoke dagga, I used to drink a lot. When I was pregnant with her I dropped everything' (P13).

These findings are in contradiction of those of Duggan et al (2004a) and Duggan et al (2004b) who found that home visitors are not always willing or able to identify and respond to maternal depression, domestic violence and substance abuse. The findings suggest that home visiting provides the perfect opportunity for these issues to be addressed as mothers with problems of depression, family violence and substance abuse often do not seek help of their own accord. These findings are in support of the Cooper et al (2009) study which found the PIHVP as an intervention to have a benefit in terms of maternal depressed mood.

4.4.2 Search of Companionship and Relational Support

Seven of the fifteen mothers who spoke of their motivation to join the programme, expressed their need as being one of companionship and relational support. In this category, the mothers' reason for joining the programme was often alluded to indirectly.

'Sometimes I had these cramps, pains when I was alone at night I thought, yo, what could happen tonight because I'm alone in the mountain, I'm staying at the top of the mountain' (P14).

'The programme helped me very much with these concerns, that it would be a healthy baby and where will I get support from other people.' (P12).

Mothers who lived on their own felt isolated and frequently lacked adult companionship and support. Even those who were in a relationship willingly sought additional contact with the home visitor. Amongst those mothers who did have good family support, many still felt it was easier to talk to the home visitor. Bowlby (1988) states that it is not unusual for a pregnant woman or a mother of an infant to express a strong need for care and support for herself because attachment behaviour is not limited to infants and children and can be activated by adults when experiencing stress or feeling vulnerable. These findings support this idea and those of the Resource Access (2006) study which found mothers to be in search of companionship.

4.4.3 In Search of Guidance, Advice and Information.

Five of the fifteen mothers who spoke of their reasons for joining the programme, mentioned their need for guidance, advice and information. Young and first time mothers were especially keen. However, those respondents who were older or already had children also desired further assistance in the form of guidance, information and advice.

'I never had such an opportunity in the other two pregnancies I had. (The home visitor) told me what it was about and I thought I would like to join because even if you have two kids, you can still learn more. You think maybe you know everything but there's always something you don't know. I'm glad I joined' (P11).

'I thought it would be fun and I was looking for advice'... 'She was nice. She gave good advice' (P12).

These findings confirm those of Resource Access (2006) who received similar responses when mothers were asked what their motivation was for joining a home visiting programme. Mothers expressed their need for advice and information. However, detailed attention was not given to the concept of motivation in the Resource Access (2006) findings.

The current study may be seen as a confirmation of the findings of Krysik et al (2008) who researched mothers' *responses* to being offered to join a home visiting programme. Those who had *positive* responses perceived themselves as being vulnerable and in need of support or assistance. This finding is echoed by Korfmacher et al (2008), who believe that involvement is linked to parents' internal belief that they need the service rather than the existence of an external risk factor. Olds et al (2007) state that the successful implementation of a programme is dependent on targeting the appropriate population, offering a service at the parent's most vulnerable time and offering a service that is believed to meet the vulnerable need. Programmes that pivot around these criteria are more likely to engage parents, reduce undesirable behaviours and show better outcomes for the child. The current study supports these earlier studies but expands upon them and considers mothers' motivations in greater detail.

4.4.4 Summary of Theme 1

Theme 1 illustrates that the mothers were retrospectively able to identify and discuss their motivations to join the programme and that their motivations and the potential satisfaction of these concerns remained important throughout the mothers' participation in the programme. The findings show that the mothers' self-perceived need of assistance contributed greatly to their motivation to join and participate in the programme. Pregnancy is a time when women perceive themselves as being in need of support and are more likely to turn to others for help. In contradiction of previous research it was found that mothers were helped by the home visitors with problems of family violence and substance abuse.

4.5 Theme 2 – The Involvement of the Mothers in the Programme

This theme is divided into three categories, the first refers to the participation of the mothers in the programme, the second to the mothers' relationship with the home visitor, and the third category refers to the mothers' level of satisfaction with the programme.

4.5.1 Participation in the Programme

Home visiting programmes have demonstrated high rates of attrition and struggle to engage and retain families (Gomby, Culross & Behrman, 1999; Holzer et al, 2006;). Gomby (2007) comments that in two programmes reviewed, many families (46% by 1 year and 68% by 2 years) left the programme prematurely. In contrast to this finding, this study shows that sixteen of the seventeen mothers interviewed completed the programme while only one mother missed one visit because she returned to work. However, these results may be biased due to the purposive sampling strategy whereby those who had already completed the programme or those who were currently on the programme were selected.

4.5.2 Relationship with the Home Visitor

Fourteen of the seventeen mothers alluded to the extremely positive nature of their relationship with the home visitor, which impacted on their subsequent involvement in the programme. None of the mothers appeared to perceive the relationship with the home visitor as neutral or negative. Once again, these results could be biased due to those who were selected to take part in the study. Mothers who had dropped out of the programme were not included in the study.

'(The home visitor) is a very nice lady...she's very encouraging and she's a role model also. She's always there when you need someone to talk to or get hold of' (P3).

'So each time I would ask her when are you coming again and we'd make the time for the next visit. I wanted her to come. She knows a lot and so one feels comfortable sitting with her' (P4).

The findings indicate that the home visitor was experienced as more than just a professional doing her work. She was frequently referred to as 'auntie' and was likened to a role model, mother, friend, sister and/or grandmother. The positive nature of the relationship between mother and home visitor was illustrated by the extent to which the mothers looked forward to the visits. This evidence concurs with the findings of the Krysik et al (2008:54) study which found that many of their participants 'felt a close emotional bond with their home visitor'.

Allen (2007a) noted the typically positive ratings given by either the mother or the home visitor with regards to the helping relationship. In this study, which concurs with that of Allen (2007a), mothers expressed high praise for the home visitor and were unwilling to report on possible negative aspects of their involvement in the programme despite being given the opportunity to do so. This can be interpreted in several different ways. The mothers may have felt protective of or loyal to the home visitor, they may have experienced an idealized transference in their relationship with the home visitor, this positive bias may be due to a lack of criticism towards a voluntary service (Roggman, 2001) especially in the context of deprivation (Landman, 2009), or they may just have had a generally good experience of the process.

Four mothers of their own volition described the home visitor as being a person from their community whom they felt comfortable with. The researcher decided to include some of these quotations as there is much dispute in the literature as to whether home visitors should be professionals or paraprofessionals from the community.

'Oh I've known her...I grew up and (the home visitor) was always there always with the community and I mean I like her a lot. I'm not sure if it's because I've known her or what' (P17).

'I think its best to have somebody like her because she knows everybody, ja, and because she knows the situation at home and stuff like that' (P9).

'She's always saying if you've got a problem or something you mustn't hesitate to talk to her. She will help you where she can. And if she can't help you she will get people that can help you' (P17).

Jack et al (2002) emphasized the importance of home visitors sharing personal information and having a similar background to the parents in the development of the helping relationship. A common background is seen as a way of gaining 'emotional entry' to the mothers (Jack et al, 2002:65). The findings of the current study concur with the work of Jack et al (2002) and those of the Resource Access (2006) study which found that the home visitors recruited from the community in which they worked were faced with less class and cultural difficulties than an educated professional from another area might be faced with.

Seven of the fourteen mothers who spoke of their relationship with the home visitor alluded to the qualities of trust, acceptance, empathy and confidentiality in the relationship.

'I could tell her anything and I know she would keep it to herself' (P5).

'She's very understanding, she's a person who feels your pain. She knows what you're going through. She helps to make you feel better. She knows what to say and when to say it' (P7).

These statements are in agreement with those of the Resource Access (2006) study which found that most mothers felt they could express themselves freely to their home visitor and felt well assured of their privacy in terms of what was discussed. These findings concur with systems theory whereby according to Prochaska and Norcross (2010) the home visitor is seen as joining the family system by engaging the mother through the use of empathy, warmth and care so that the mother may effect change within the system.

4.5.3 Satisfaction with the Programme

Twelve of the seventeen mothers expressed their satisfaction with the programme. Two of these respondents would like to change the programme by extending it. Fifteen of the seventeen mothers could describe which aspects of the programme they particularly enjoyed. Popular aspects of the programme were learning to massage the baby, receiving help with breastfeeding, and discussions about the growth and development of the foetus and infant.

'Like when the baby was born, the massage, she showed me how to massage the baby, that I enjoyed and I also did it and the baby was just quiet, like he's getting nice. Ja, that I enjoyed' (P5).

'I did enjoy myself on the programme, I didn't want the programme to stop' (P15).

The mothers' reports are evidence of the joy they experienced while participating in these activities with their home visitor. Their responses illustrated how the mothers appreciated the interactive nature of the programme as facilitated by the home visitor. These findings concur with those of Humphries and Korfmacher (2011) who found that the mothers' ability to enjoy their interaction with the home visitor contributed to the development of the mother and home visitor relationship.

Roggman et al (2001) found some parents associate satisfaction with a programme directly to the relationship with the home visitor and others express a more general satisfaction with the programme as a whole. The mothers in this study were able to make both associations, but the relationship with the home visitor was given greater emphasis in their discussions. Mothers felt that their needs were being met and that they were being offered far more than they had anticipated. These findings corroborate with those of Krysik et al (2008) who found that mothers' satisfaction with the programme was linked to their expectations being met.

Korfmacher et al (2007) propose that the amount of time that the parent spends on the programme, that is their participation is associated with parental engagement in the programme. The results of their study indicated that positive maternal ratings of the relationship with the home visitor and satisfaction with the programme are significant predictors of programme participation. However, the quality of the mothers' reported relationship with the home visitor was a stronger predictor of programme participation than was general satisfaction with the programme. While this study is unable to make such claims, both participation and reports of positive engagement with the home visitor were found to be highly rated. These findings therefore concur with those of Korfmacher et al (2007).

In order to give the opportunity for negative expression, the researcher asked the mothers if there were aspects of the programme which they did not agree with or were difficult for them. None of the mothers disagreed with any part of the programme, however, some of the mothers were able to describe aspects of the programme which were difficult for them.

'I had to fill in this form for the programme where you write about your mother and father and my sisters. It was hard for me' (P2).

'I didn't want to talk about it (the father's absence) at first, but afterwards I thought who am I going to talk to, if I'm going to keep it inside who's going to help me' (P8).

Cudmore (2007), points out that if parents have experienced trauma during pregnancy, birth or the early months, there will inevitably be emotional consequences for relationships within the family, that is, between the parents, and between the parents and infant and between parents and other children. The respondents in this study illustrated how important it was for them to have the opportunity to talk about their personal grief, loss and difficulties.

The difficult aspects spoken about related to painful emotional issues, most often with regard to the absent father, unsupportive relatives or traumatic family experiences. Although women found this aspect of the programme difficult, they found talking about difficult issues brought insight, emotional relief and improved well being. The women expressed gratitude at the opportunity of being able to talk about their problems and this difficult process appears to have also contributed to the building of the relationship with the home visitor.

The PIHVP may be understood as having some characteristics of a therapeutic intervention. Bowlby (1988) refers to five important therapeutic intervention tasks and the findings of this study illustrate the PIHVP incorporates these aspects of attachment theory in the content of the programme and in the actual implementation of the intervention.

- Providing the client with a secure base to explore negative actions.
- Assisting clients in their explorations.
- Discussions on how attachment behaviour exists in the relationship between client and home visitor.
- Helping clients connect the past with the present.
- To help the client think about new ways of responding in relationships.

4.5.4 Summary of Theme 2

In this theme, rates of attrition were found to be low despite possible sampling bias. It was found that mothers expressed high praise towards their home visitor and felt a close emotional bond with her. The qualities of trust, acceptance, empathy and confidentiality were essential to the building of this relationship which was also facilitated by the familiarity of the home visitor. The relationship with the home visitor was shown to be the mechanism through which change in the mothers' lives took place.

Mothers enjoyed the interactive nature of the programme and this was linked to the development of the relationship with the home visitor. The meeting of the individual concerns of the mothers was also associated with the development of a positive and meaningful relationship with the home visitor. The women expressed gratitude at the

opportunity of being able to talk about difficult issues and reported having gained insight, emotional relief and improved well being. These factors were associated with the development of the relationship with the home visitor, which was linked to satisfaction with the programme, which in turn affects programme participation. The PIHVP incorporates principles of attachment theory in the content and in the implementation of the intervention.

4.6 Theme 3 – The Mothers’ Relationship with Family Members

In this theme, the three categories identified prior to data collection were taken from the Landman study (2009). This study focused on the perceived influence of the programme on the mothers’ relationship to her partner, the grandparents and other children.

4.6.1 Partner

Six of the eight mothers who lived with the father of the baby alluded to the positive influence of the programme on the father.

‘The programme influenced my boyfriend in a very positive way. He also learnt about the programme’ (P6).

‘Ja, he’s always sitting there listening to what (the home visitor) was saying. There were only two visits that he wasn’t there, because he’s also working for the council. He said to me, “This auntie, she knows a lot, hey, she’s got a lot of children to go to”.’ (P17).

These findings confirm those of Landman (2009), who found that mothers felt that the intervention had benefited the parental couple. Fathers became more aware of the important role they had to play and were more involved and supportive.

Those that were permanently separated from the father were helped through being able to process this loss. Four of the eight mothers who lived separately from the fathers alluded to how important it was for them to have the opportunity to talk about the fathers’ absence.

'I didn't want to talk about it (father's absence), but it actually made me stronger talking about it' (P 4).

'That time she talked to me about the baby's father, it really helped a lot. I didn't talk to anyone about the father, only to (the home visitor)' (P16).

This category is directly linked to the category concerning satisfaction with the programme and the difficulties experienced by the mothers. Mothers found it difficult to talk about the loss of their partner and had either avoided doing so or had not had the opportunity to do this. However, once they were given the opportunity they reported that they had gained insight, they experienced relief and improved well being and once again this contributed to the building of the relationship with the home visitor and feeling satisfied with the programme.

4.6.2 Grandparents

Eight of the seventeen respondent mothers either did not have a good relationship with their own parents, their parents lived elsewhere, had died and/or the mother was raised by her grandmother. According to the perceptions of these mothers the programme was unable to have a direct influence on the relationship because of the nature of these external circumstances.

'Sometimes my mother and me we don't get along. It (the pregnancy) affected our relationship' (P1).

'I don't have a father and my mother is not with me' (P3).

However, two of these mothers with poor relationships to their own mothers or grandmothers, reported that the programme was able to influence their relationship.

'I couldn't run to my mother. I had to do it on my own'. 'But (the home visitor) knew exactly how to deal with my mother' (P2).

'The programme did change things a little bit with my mother because while I was staying with my mother (the home visitor) came there, so we do have a little bit of understanding. My relationship with my mother did improve, we uh have more relationship than before' (P7).

Furthermore, where the mothers already had a good relationship with their parents, the mothers reported that there was little room for change. Nine of the seventeen participants reported that they received adequate support from extended family.

'My relationship with them was always good' (P5).

'She didn't actually help me with those things because I have a very good relationship with my whole family, my mother, my brothers and my sisters'. My mother is here, I get a lot of help from her too, but I don't like disturbing her' (P14).

In both scenarios, where the maternal parent was absent and where the maternal parent was present with a good relationship to the mother, the home visitor was seen either as a substitute to the maternal parent or as supportive of that role. This was expressed by thirteen of the seventeen participants.

'Sometimes you feel sad and you don't want to talk to your mother and you don't know who to talk to. And then (the home visitor) comes and so I just talk to her, and I was so glad (P5). I spoke to her about a lot of stuff I don't say to my parents, that's why I find it great' (P15).

The current findings correspond with those of Humphries and Korfmacher (2012) who found that the mothers viewed their relationships with their *doula* as being more than a professional one and frequently view the *doula* as a friend, a big sister, aunt or a maternal figure. In this study, the home visitor was seen as one who cared for the mother, gave her good advice and was concerned about her well being. The findings also agree with those of the Landman (2009:201) research in which 'the counsellors were experienced as playing a caring and supportive "grandmothering" role to many mothers who expressed having felt lost and isolated'.

4.6.3 Other Children in the Family

Eight of the mothers were first time mothers and so there were no other children in these families. Of the remaining nine mothers, five mothers mentioned how their attitude towards their other children had changed.

'The programme changed the way I feel about all my children.... I've now got more experience to show them things. Because I was like very short with them.....but now I involve them in what I do' (P17).

These findings agree with those of the Resource Access (2006) study which found the programme to have a positive influence on the mothers' relationship with other children in the family. In that study most of the mothers found the programme information about how to deal with the new baby together with other children very useful. The findings also concur with those of Landman (2009) who found that the mothers learnt different ways of talking to children through the modelling of the counsellors' behaviour and through discussions with her. The mothers also became more aware of their own feelings and how these affected their attitude and behaviour towards their other children.

The overall findings of this theme are in accordance with systems theory in which changes within the mother will effect changes within her relationships. Events are not seen in terms of linear and intrapsychic causality, but as part of a circular and reciprocal process (Prochaska & Norcross, 2010).

According to Payne (2005), social work practice guided by attachment theory focuses on present relationships, the history of relationships and environmental stressors and the manner in which they affect present relationships. The PIHVP encourages mothers to talk about their present and past relationships with significant family members and to reflect on their quality. The mothers are supported in their efforts to improve these relationships. This is achieved through the formation of a strong working relationship between mother and home visitor and the latter provided a secure base for the mother. This work is done in the context of the previously mentioned environmental stressors and the contexts of pregnancy and parenting. The findings in this theme illustrate how the PIHVP as an intervention focuses on the above criteria and is grounded in attachment theory and possibly brings about change through shifting existing attachment modes in the parent.

4.6.4 Summary of Theme 3

In this theme it was discovered that mothers appreciated being able to talk about their loss and abandonment by family members even though this was difficult for them. Once they were given the opportunity to talk about their loss, mothers reported that they had gained insight and felt relief and improved well being and this contributed to the development of a positive relationship with the home visitor and feeling satisfied with the programme which in turn influenced their participation in the programme. The programme was unable to change environmental circumstances such as death, separation and family estrangement due to the permanent or long-standing nature of these circumstances. However, in both scenarios, where mothers had a good relationship with their family members and where mothers had a poor relationship with their family members the home visitor was seen to be supportive of existing relationships or as a substitute to those relationships. In terms of attachment theory, it is believed that the home visitor provided a secure base for the mother and this may have influenced the mothers' personal attachment patterns which would have influenced how mothers related to others. The programme was perceived by the mothers to have a positive influence on the way they related to their other children.

4.7 Theme 4 – The Mothers' Relationship with her Infant.

In this theme three categories were identified. These are a change in attitude, increased awareness and sensitivity and increased affectionate interaction with the infant. In this theme fourteen of the seventeen mothers interviewed alluded to positive changes in their relating to their infant.

4.7.1 Change in Attitude

In the first category, five of the fourteen mothers who alluded to their changed attitude towards their infant spoke of how their attitude changed from initially feeling negative about the pregnancy to an increased acceptance of the pregnancy and infant. A mother with an unplanned pregnancy is at risk for depression and perinatal depression can lead to poor outcomes for the infant. Thirteen of the seventeen respondents' pregnancies were unplanned.

Some mothers had initially wanted to terminate their pregnancies but later changed their mind while others were aware that their attitude towards the developing foetus and infant had changed over time.

'Ja. I did love the baby inside of me but I started to love the baby more and to be protective' (P5).

'At first I wasn't pleased (to have the baby), now I am' (P1).

Fonagy (2005) believes that the intergenerational influence (Fraiberg, 1987) of parents' own early childhood experiences can be changed through the process of self-reflectiveness. Many of the mothers had suffered in some way when they were children. The home visitor initiated conversations around the parents' past and empowered the parent who has had a traumatic past to protect their child from the cycle of repetition.

4.7.2 Increased Awareness and Sensitivity

In the second category, four of the fourteen mothers discovered that they had developed an increased awareness and behaved with an increased sensitivity towards their infant.

'I enjoyed the part where we learnt about the baby growing inside us. Because I had three other children and I never thought about this' (P2).

'I would say its nice because you learn how to work with your baby in a different way, how to really connect with the baby' (P10).

Thus, these findings support those of Cooper et al (2009) who found the intervention (PIHVP) to significantly benefit the mother-infant relationship and mothers in the intervention group were significantly more sensitive in their interaction with their infant.

4.7.3 Increased Affectionate Interaction

In this category six of the fourteen mothers who alluded to their changed attitude to their infant, spoke of how they felt free to enjoy a positive interaction and expressed their joy at having their infant.

'Ooh he's very attached to me. I'm still breastfeeding him'. 'She (the home visitor) showed me how to use healing hands when touching the baby because I never experienced that' (P3). 'She prefers to be by me, if she sees me she just wants to be by me and I like that a lot. You and your baby are the closest thing ever. It's wonderful' (P4).

These findings concur with those of the Resource Access (2006) study in which mothers' expressed improved social interaction and communication style between mother and baby. Mothers expressed greater confidence in handling all aspects of baby care and with this increased confidence in meeting their babies' needs, bonding and probably attachment was facilitated.

According to Payne (2005) meaningful change is brought about through controlled adjustment and greater differentiation of the members of the system. The options available to parents are increased when relating to others. Mothers began to think of their infants as being unique and separate beings with individual needs. They were able to communicate with their infant through using their hands and voice. Research (Slade et al, 2005) has shown an association between high levels of maternal mentalization and secure attachment in her infant. This holds important implications for early interventions.

4.7.4 Summary of Theme 4

According to the perceptions of the mothers, they experienced a change in attitude towards their pregnancy and infant, an increased awareness and sensitivity and an increased affectionate interaction with their infant. The findings suggest that home visitor provided a secure base for the mother and the way in which she related to the mother is seen to influence the way in which the mother related to her infant. Mothers were able to reflect on the nature of their relationship with their infant. Furthermore, these findings illustrate that the PIHVP as

an intervention incorporates the criteria necessary to promote secure attachment between infant and caregiver. The intervention aims at increasing parental sensitivity to the infants cues and needs, focuses on the child-parent relationship, rather than either one or the other; considers the child's role in terms of his/her own development and relationship with the parents and offers a professional who provides a security base for the dyad (Cantero, 2003). According to the perceptions of the mothers collated by the researcher, the PIHVP appears to meet these criteria.

4.8 Theme 5 – The Mothers' Sense of Self.

In this theme two categories were identified. The participants indicated that their sense of how they saw themselves changed through their increase in knowledge and through changes in their representation of self. In Theme 2, which considered the involvement of the mothers in the programme, the category of the mothers' relationship with the home visitor was explored. This category could have equally been included here in Theme 5 which considers the perceived influence of the programme on the mothers' sense of self. Gomby (2007) points out that home visiting programmes depend on the establishment of a strong relationship between the home visitor and parent, one which will support the change in the parent as a result of the advice and information she receives.

4.8.1 Increase in Knowledge

The first category focuses on changes to the mothers' sense of self through becoming more knowledgeable. In the interviews, fourteen of the seventeen mothers commented on how the programme had helped them in an informative way. Mothers felt they had gained knowledge and as a result perceived themselves as more competent as mothers.

'If she didn't tell me some things then I wouldn't know' (P 1).

'I just want to say that the counsellor taught me a lot and now I'm living a different lifestyle. My baby and me are so happy. It's an eye opener' (P 4).

Even if mothers gain parenting knowledge and skills there is no guarantee that they will apply them. However, the findings demonstrate that the mothers believe they have changed in their parenting behaviours therefore one can assume some degree of application of learning.

4.8.2 Change in Self Representation

Stern and Bruschweiler-Stern (1998) state that all parents initially feel unsure with regards to baby care but they battle on and are eventually reasonably successful. This active engagement with the responsibility of the infant is what gives rise to the parent's new identity. As an extension of being listened to and supported and becoming better informed, ten of the seventeen respondents indicated they were in a better position to accept their new role as mother.

'I felt very good because I was learning something, how to help my baby – things I never knew. I have learnt so much during the pregnancy and I really want to make a difference in my children's lives. Now I think I'm a good mother'. (P 3).

'She helped me to be a better mother' (P 2).

Fava et al (1993) affirm that representations of the self as mother change from being not integrated during the pregnancy to being integrated and internalised after the birth of the child. This change in self-image is brought about by the mother's interactions with her infant. Ammaniti et al (2006:72) explain further 'when a mismatch or an interactive failure occurs between infant and caregiver, it may create stress and generate negative emotions for the parent'. As the findings have shown, the home visitors of the PIHVP work at reducing the stress of the mother to improve the likelihood that positive interactions develop between mother and infant.

Ammaniti et al (2002) acknowledge that over time representations of the self as a mother are repeatedly separated from the image of her own mother and there is an integration of the new image of the self as a mother and the self as a woman. Their research indicates that the *supported* birth of the baby may ease concerns the mother may have had about the well being

of her infant and may facilitate the development of a positive image of self as mother. The findings of this study concur with these theories.

4.8.3 Summary of Theme 5

The findings of this theme show that the mothers felt they had benefited from the information they received. They felt emotionally supported by their relationship with the home visitor and this relationship then supported them while they introduced some personal changes in their lives. They were encouraged to talk about their difficult relationships with their family members and their difficulties in parenting. This process was perceived to lighten their emotional burden, improve their insight and give them a greater sense of well being. It is possible that the intergenerational influence of negative parenting was interrupted and the mothers were then in a better position to consider the individual needs of their infants and to enjoy their interaction with them. The mothers then perceived themselves to be better mothers which contributed to their improved sense of self.

From a systemic perspective, the PIHVP works at improving the fit between the mother and her environment by easing life stressors and developing the mothers' personal and social resources (Germain & Gitterman, 1980). According to Payne (2005) meaningful change is brought about through controlled adjustment and greater differentiation of the members of the system. The mothers' greater differentiation of self from others leads to her greater sense of self which improves her ability to carefully consider her infants changing needs as being separate from hers. The development of optional ways of interacting with others becomes available to parents. In the PIHVP, the mother is emotionally supported through her relationship with the home visitor and is shown potentially different ways of relating to her infant and other children and this is also demonstrated through the way in which the home visitor relates to the mother.

4.9 Conclusion

In this chapter an in depth analysis of the data was presented in response to the five main research objectives which were exploring the mothers' motivations to join a home visiting programme, discovering the nature of their involvement in the programme and the perceived influence of the programme on their relationship with their partner, the grandparents and their other children. The analysis then considered the perceived influence of the programme on the mothers' relationship with her infant and her sense of self.

The findings of this study agree with aspects of the research studies of Resource Access (2006), Cooper et al (2009) and Landman (2009), which were conducted on the same home visiting programme but in different community contexts. Furthermore, new findings were brought to light with regards to the mothers' different motivations to join a home visiting programme. Findings regarding the ability of the home visitors to respond to family violence, substance abuse and depression were in contradiction of past findings. Findings that emerged with regard to the participation of the mothers were in contradiction of previous research as participation on this programme was found to be high despite possible sampling bias.

In the next chapter, final conclusions will be drawn and recommendations will be made to the various sectors.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

A qualitative study was conducted in the community of Hangberg as a means of exploring respondent mothers' perceptions of their involvement in a parent-infant home visiting programme as an intervention.

The research findings will be summarized in relation to the five objectives of the study:

- To ascertain the mothers' motivations to join a home visiting programme.
- To establish the nature of the mothers' perceptions of their involvement in a home visiting programme.
- To ascertain the influence of a home visiting programme on the mothers' relationship with family members.
- To establish the influence of a home visiting programme on the mothers' relationship with their infants.
- To ascertain the influence of a home visiting programme on the mothers' sense of self.

The research objectives were achieved through conducting a comprehensive literature review and in-depth semi-structured interviews with seventeen mothers as present or past participants of a parent-infant home visiting programme. After extensive analysis of the data, conclusions have been reached and recommendations formulated which will be presented here.

5.2 Conclusions

In this section the conclusions will be put forward in accordance with the five main objectives and themes that were formed by the study.

5.2.1 Theme 1 - The Mothers Motivations to join the Programme

The findings illustrate that the mothers' self-perceived need of assistance contributed greatly to their motivations to join and participate in the programme. Pregnancy is a time when women perceive themselves as being in need of support and they are more likely to turn to others for help. The respondents were retrospectively able to identify and discuss their motivations to join the programme. Motivations were identified as being in search of psychological support, in search of companionship and relational support and in search of guidance, advice and information. The identification of these categories constitute new findings. Both young, first time, older and/or more experienced mothers alluded to these needs. The potential satisfaction of these motivations remained important throughout the mothers' participation in the programme. Mothers with good family support as well as those who were without family support expressed their need for an experienced and empathic woman to talk to. In contradiction of previous research it was found that mothers were helped by the home visitors with problems of family violence, substance abuse and depression.

5.2.2 Theme 2 - The Involvement of the Mothers in the Programme

In this theme rates of attrition were found to be low despite possible sampling bias and in contradiction of previous research. The findings suggest that the mothers' relationship with the home visitor was the mechanism through which change in their lives took place. Mothers enjoyed the interactive nature of the programme and this contributed towards the building of the relationship with the home visitor. The concerns of the mothers and the potential satisfaction of these concerns also contributed towards the development of a positive and meaningful relationship with the home visitor. The findings suggest that the meeting of these concerns also positively affect satisfaction with the programme which in turn impacts on programme participation. Other factors contributed to the development of the relationship with the home visitor. Some mothers spoke of the importance of the home visitor being from the same neighbourhood and others alluded to the qualities of trust, acceptance, empathy and confidentiality in the relationship. Having the opportunity to talk about their problems left the women believing they had gained insight and they experienced relief and subsequent gratitude towards the home visitor and this probably strengthened the development of their relationship. In terms of attachment theory, the home visitor is believed to have provided a

secure base for the mothers. The mothers alluded to the home visitor in highly positive terms and this is possibly due to being protective of or loyal to the home visitor, the formation of an idealized transference, failure to criticize a voluntary service especially in the context of deprivation and/or they may have generally had a very good experience. The findings highlight the fact that the mothers were most satisfied with the programme. The PIHVP incorporates principles of attachment theory in the content and in the implementation of the intervention

5.2.3 Theme 3 – The Mothers’ Relationship with Family Members.

The findings indicate that according to the perceptions of the mothers and amongst those mothers who lived with the father of the baby, the programme encouraged the fathers to become more involved in infant care and realise the important contribution they could make to their family. Furthermore, mothers appreciated being given the opportunity to talk about their loss and abandonment by family members even though this was difficult for them. Once they were given the opportunity to talk about their loss, mothers believed they gained insight and experienced relief and improved well being and once again this is believed to have contributed to the development of a positive relationship with the home visitor.

The findings show that in both instances where the maternal parents were absent and where the maternal parents were present with a good relationship to the mother, the home visitor was seen to be supportive of existing relationships or as a substitute to those absent relationships. The programme was perceived by the mothers to have a positive influence on the way they related to their other children. In terms of attachment theory, it is believed that the home visitor provided a secure base for the mother and this may have influenced the mothers’ personal attachment patterns which would have influenced how mothers related to others.

5.2.4 Theme 4 – The Mothers’ Relationship with her Infant.

According to the perceptions of the mothers, they experienced a change in attitude towards their pregnancy and infant, an increased awareness and sensitivity to their infant and an increased affectionate interaction with their infant. The findings suggest that the home visitor provided a secure base for the mother and the way in which the home visitor related to the mother is believed to influence the way in which the mother related to her infant. The mothers were able to reflect on the nature of their relationship with their infant. The findings illustrate that the PIHVP as an intervention, incorporates the criteria necessary to promote secure attachment between infant and caregiver. The intervention aims at increasing parental sensitivity to the infants cues and needs, focuses on the child-parent relationship rather than either one or the other, considers the child’s role in terms of his/her own development and relationship with the parents, and offers a professional who provides a security base for the dyad.

5.2.5 Theme 5 – The Mothers’ Sense of Self.

The findings indicate that the mothers’ sense of self had changed because of their increase in knowledge and their changed self representation. Mothers felt more knowledgeable and as a result more competent as mothers. It is believed that this change was brought about through the relationship with the home visitor. The findings show that the mothers of the PIHVP felt emotionally supported. They were encouraged to talk about their difficult relationships with their family members and their difficulties in parenting an infant. This process lightened their emotional burden and left them with a greater sense of well being. It is possible that the intergenerational influence of negative parenting was interrupted as the mothers reported having greater insight and awareness and the mothers were in a better position to consider the individual needs of their infants and to enjoy their interaction with them. The mothers then perceived themselves to be better mothers which contributed to their improved sense of self.

5.3 Recommendations

Recommendations are made to social workers, to educators, for further research, to the Parent Infant Home Visiting Programme and to government.

5.3.1 Recommendations to Social Workers

It is recommended that social workers give due consideration to parents' motivation for seeking assistance. While it is acknowledged that social workers identify the risk factors that render parents eligible for social support, it would be useful to consider parents' motivation for seeking help and to hold this in mind while working with parents and children. A parent's motivation for asking for assistance may or may not coincide with their risk factors. Such an understanding is likely to benefit the helping relationship that develops between parent and social worker.

It is recommended that social workers remain cognisant of not perpetuating fathers' potential under-involvement in infant care. Social workers need to adopt a systemic approach when working with families. Fathers may be absent from the family home and even when present they are not always held accountable to their parenting role. Social workers may be guilty of overlooking the important contribution of fathers for a variety of reasons: because of their own social conditioning, the mother of the family is the person who is often most accessible as she is usually the one primarily responsible for the care of infants and children, and/or when the mother is frequently of the same gender as the social worker she is viewed as being easier to talk to. Fathers need to be included in family interventions.

5.3.2 Recommendations to Educators

It is recommended that all social workers who work with children and parents should be familiar with attachment theory and parent-infant work. It is proposed that generic social workers become knowledgeable with regards relationship building and the importance of parent-infant work. Social workers need to remain cognisant of the inherent significance of

their role in the relationship they build with parents and the way in which this impacts on the parents' relationship with their child.

5.3.3 Recommendations for further Research

It is recommended that research be conducted on those mothers who drop out of home visiting programmes. Those who drop out of a programme may be those who need it most. Information gained can be used to strengthen programme implementation.

It is also recommended that further research be conducted to evaluate the helping relationship at different points in time during the course of the implementation of a home visiting programme. A researcher would obtain a more detailed reflection of the relationship between mother and home visitor. As their infants mature, the mothers and home visitor get to know each other better and the mothers' needs within the relationship change. This relationship has important implications for interventions. Such a study would offer an opportunity for quantitative and / or qualitative research.

5.3.4 Recommendations to the Parent Infant Home Visiting Programme

It is recommended that the programme manager consider the implementation of a group for those mothers who have completed the programme as a means of providing ongoing support. The formation of a group could become a way of reinforcing what the mothers have learnt, an opportunity for further learning and a means of developing the social network of the mothers. Groups can also develop into a resource for the home visitor and can become a means of easing the mothers' termination of the programme. In keeping with the nature of the programme such a group could be facilitated or at least, co-facilitated by a member of the community.

It is recommended that the PIHVP team record statistics of attrition rates. The PIHVP is believed to have low levels of attrition and this is one of the many strengths of the programme. This information is useful in terms of funding and in garnering government

interest and these statistics will provide additional information that may be used as feedback for the improved implementation of the intervention.

It is recommended that mothers routinely be given the opportunity to evaluate their experiences and involvement on the programme. This could take place at intervals during the course of the intervention. Such an evaluation would be empowering for the mothers and also offer material for discussion and self reflection. An evaluation could simultaneously be completed by the home visitor. Both evaluations would offer the service providers with information regarding the delivery of the intervention.

5.3.5 Recommendations to Government

It is recommended to government that an attachment-based home visiting programme be considered as an economical and effective way of bringing vital services to otherwise difficult to reach families at a pivotal time in the life of the children. Research has shown that home visiting programmes have many benefits to offer families and it is speculated that over time they will be implemented on an increasing scale in South Africa, as is the case in other countries.

It is recommended that government acknowledge the contribution that the extensive staff of the Parent Infant Home Visiting Programme of the Parent Centre has made to the field of home visiting in South Africa and abroad over the last thirty years and utilise this vast knowledge and experience to the benefit of those who need it most.

5.4 Conclusion

In this chapter the conclusions were presented in accordance with the five main objectives of this study which explored mothers' motivations to join a home visiting programme, the process of the mothers' involvement in such a programme and the influence of the programme on the mothers' relationship to infant, family and self as perceived by the mothers. Thereafter, recommendations were made to social workers, to educators, for further research, to the Parent Infant Home Visiting Programme and to government.

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APPENDIX 1:

INTERVIEW SCHEDULE

- Researcher introduces herself.
- Purpose of the research will be explained.
- Inform respondent that, on completion a copy of the dissertation will be given to the Parent Centre, which the respondent will have access to.
- Assurance of confidentiality and ethical standards including the participant's right to break the process or terminate at any point.
- Ask permission to record the interview

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INTERVIEW SCHEDULE continued

Theme 1: Motivation

What made you want to join the programme?
What were your concerns regarding the baby?
Do you think the programmes helped you with these concerns?
If yes, how did it help you?

Theme 2: Programme involvement

What was important for you about the visits?
How did you experience the home visitor?
Why did the visits stop?

Theme 3: Relationship with family

Has the programme influenced your relationship with your
partner,
the grandparents,
other children,
or anyone else who is important to you?
If yes, how has it influenced these relationships?

Theme 4: Relationship with infant

Did the programme change the way that you think and feel about your baby?
If yes, how are things different?

Theme 5: Relationship with self

How would you describe yourself?
Did the programme change the way you think and feel about yourself?
If yes, how did this change?

Theme 2: Programme involvement

Did you agree with everything that was suggested to you?
What were there parts of the programme that were difficult for you?
What parts of the programme did you really enjoy?
If some part of the programme could be changed, how would you change it?
Is there anything else you would like to say about your time on the programme?